STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - |     |     | 9 |
|---|-----|-----|---|
| 1 | DEC |     | 1 |
| 6 | DEC | NIO | 1 |

| 18            | - STATE<br>REGISTRAR   |   |                    |  | CERTIF                    | ICATE OF DEATH                    |        | 8 / REG. N  | 0.               | 5 /                      | 0         |               |
|---------------|--|---|--------------------|--|---------------------------|-----------------------------------|--------|---|------------------|--------------------------|-----------|---------------|
|               | DECEASED NAME  | FIRST   | 1                  | MIDDLE   | t                         | AST                               |        | 20 DATE OF DEATH  | MONTH DA         | AY YEAR                  | 26 HOU    | IR            |
| 1             | TPE OR PRINTI  | CARL  | A]                 | LAN  | ADE                       | LMAN                              |        | APRIL   | 17, 19           | 87                       | 6:00      | D M           |
| 3. 9          | SEX  | 4   | RACE               |  | 5. DATE C                 |                                   |        | AGE (IN YEARS LAST BIR                                  |                  | FUNDER I YEAR            | IF UNDER  | 24 HRS<br>MIN |
|               | MALE   |   | WHI                | re   | Ju1                       |                                   |        | 9   |                  | DATS DATS                | HOURS     | MIN.          |
| 70.           | BIRTHPLACE (STATE  | OR FOREIGN 7                                      |                    | WHAT COUNTRY?  | B.                        | D NEVER MARRIED                   | K1 -   | BALTIMORE CITY  | R COUNTY         | OF DEATH                 |           |               |
|               | MARYLAND   | a   | USA                | A  | WIDOWE                    |                                   |        | MON   | TGOMER           | Y COUN                   | ITY       | MD.           |
|               | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BETHESDA NIH, CLINICAL CENTER  OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS) |   |                    |  |                           |                                   |        |   | OF WORKING LIFE) | INDEDU                   | CATIO     | SS OR         |
| 130           | MARYLAND   | 131BALIT  | TMORE              | OWINGS M   | N                         | 13d. INSIDE CITY LIMIT<br>YES YOU |        | 13e STREET ADDRESS<br>251 CEDARM                        |                  | RCLE                     | 2111      | 7             |
| 老             | FATHER'S NAME<br>ALLAN   | M   | IDDLE              | ADELMÂN  |                           | 15 MOTHER'S MAIDE                 |        | E MIDDLE  |                  | MEYER                    | S         |               |
| 160           | WAS DECEASED EV  |   | ED FORCES?         | 166 SOCIAL SECU  | RITY NO.                  | 17 INFORMANT                      |        | ADDR  | ESS              |                          |           | 34.           |
| 1000          | N/A  | (IF YES, GIVE                                     | WAR OR DATES       |  |                           | ALAN ADEL                         | MAN    | (FATHER)  | SAME AS          | S PT.                    |           |               |
| NO            |  | immediate<br>ating the<br>use last                | DUE TO, O          | r as a conseque<br>CONGESTI<br>r as a conseque<br>METASTAT | NCE OF<br>NCE OF<br>IC PR | ART FAILURE  IMATIVE NEU          | ROE    |   |                  | N IN PART 1              | 0'        |               |
| CERTIFICATION | 190 DATE OF OPE  | RATION  | 19b COND           | ITION FOR WHICH  | OPERATIO                  | N WAS PERFORMED                   |        | YES NO  |                  | WERE FIND!<br>ING CAUSE: |           | H?            |
| MEDICAL CER   | OR CONTRIBUTING [ (IF EITHER NOTIFY A  21d INJURY OCC  | CAUSE OF DEAT<br>MEDICAL EXAMINER)<br>URRED       | P. 21e PLACE       | M. MONTH DA<br>M.  | 19                        | 210 HOW INJURY OF                 | CCURRE | ED (ENTER NATURE OF INJU                                |                  | (OUNTY                   | s         | STATE         |
| 1             | 220 I certify that   | (K(this hospite<br>eosed alive an_e) (did) (XXXX) | ol) ottended th    | e deceosed from A  | PRIL                      | 16 198                            |        | to APRIL  | ote and hour     |                          | that X (v | -,            |
|               | 226. SIGNATURE   | Jak.  | leur               | CIONES   | 0                         | 22e ADDRESSNAT                    | IONA   | MEDICAL STA<br>DIRECTOR PHYSICAL INSTITUTE<br>Rockville | ES OF E          | IEALTH                   |           |               |
| 230           | BURIAL, CREMATION  |   | 236. DATE<br>4/20/ |  | UDON                      | EMETERY OR CREMAT                 |        | 23d LOCATION CITY OF TOWN BALTIMO                       |                  | COUNTY                   |           | STATE         |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: should be detached for with the State Dept. of MPORTANT. IF

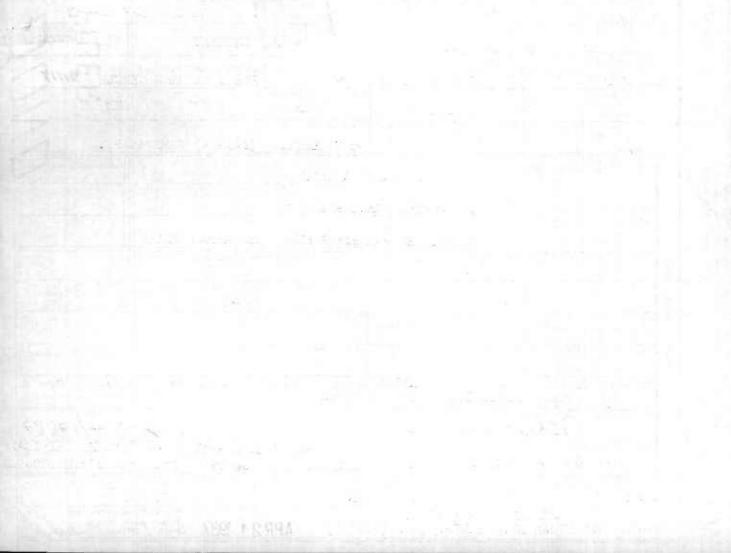
TO HOSPITAL OR ATTENDING PHYSICIAN:

FOR

050952

FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD. 21215) 25a DATE REC'D.

Divider Pandale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE R'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OF PRIVIT) ESTI-DEATH MATED 4 RACE DATE OF BIRTH A AGE IN YEARS UNDER 24 HRS DATE YEAR LAST BIRTHDAY) HOURS PRONOUNCED DEAD BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED I DIVORCED West Virginia 124 USUAL OCCUPATION TYPOF WORK 126 KIND OF BUSINESS OR INDUSTRY B CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Housewife E (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Walter J. Powell Mary Ellen Allender 17. INFORMANT 64 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Kenneth Alderton (Son), 2929 Fairland 236-28-6135 Silver Spring Maryland 20904 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID and 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO. PO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING ADDR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY II LOCATION WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinian Accident death resulted from: Natural causes Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER Dr. John S. Rogers EXAMINEA'S NAME 1919 Seminary Rd.S.S.Md. PAGE AFTE TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Buria1 04 - 06 - 87Fort Lincoln Cemetery 07/84 BP Brentwood. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Hines/RinaldiesFuneral Home **DHMH - 17** La Dividson Rendallo (VR A15 ME (5)) 11800 New Hampshire Ave. Silver Spring, Md.

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| 2b. HOUR  9.32 A  NR 1F UNDER 24 HRS S HOURS MIN.  |
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| 05293  | F 1/11  |               | FOR<br>STATE   |                                    |                                | DEPART   | MENT OF H    | OF MARYL<br>EALTH AND<br>ICATE OF | MENTAL HY              | SIENE S                                       | 1 1                       | 5 8                 | 2                                       |
|--|---|---------------|--|------------------------------------|--------------------------------|--|--------------|-----------------------------------|------------------------|---|---------------------------|---------------------|---|
| 13 2 3 3   | J HAY   |               | REGISTRAR<br>CEASED NAME   | FIRST                              |                                | MIDDLE   |              | AST                               | PERIII ;               | 20. DATE OF DEA                               | EG. NO.                   | DAY YEAR            | la violia                               |
| e «  | de d        |               |  | AMC                                |                                | L.   | ANDF         |                                   |                        | 4/2   | 8/87                      | DAY TEAR            | 5 P M                                   |
| 4 moy  | hours after                                     | 3 SE          | ×<br>Female  |                                    | White                          |  | 5. DATE C    | 7. 30°,                           | 1894                   | 6. AGE (IN YEARS L                            | AST BIRTHDAY) YRS.        | MONTHS DAYS         | HOURS MIN.                              |
| oth. Page  | 72 hou  | Øa. B         | RTHPLACE (STATE OR F   | OREIGN                             | U.S.A.                         | WHAT COUNTRY?  | MARRIE       |                                   | MARRIED                | 9. BALTIMORE C                                | ITY OR COUN               |                     | MD                                      |
| 203<br>rs offer de   | not with  |               | THESDA   |                                    |                                | HOSPITAL, NURSII   | NG HOME C    | R OTHER INS                       |                        | 12a. USUAL OCC<br>{TYPE OF WORK FOR<br>Homema | MOST OF WORKING           | LIFE) INDUSTRY      | OF BUSINESS OR                          |
| 212<br>how   | and be  | 13a           | AL RESIDENCE (IF NURSI<br>STATE<br>MD                                    | 136 COUN<br>Mont                   |                                | 13c. CITY OR TOV<br>Beth.  | E ADMISSION) | 13d. INSIDE O                     | CITY LIMITS?           | 13e.STREET ADDR                               | RESS / ZIP CO<br>Vestbard | Circle              | 20816                                   |
| BALTIMORE, MARYLAND cate be executed within 24   | 2 sh  | 14 E          | ATHER'S NAME FIRST  William I  |                                    | MIDDLE                         | LAST   |              |                                   | S MAIDEN NA            |   | DDLE                      | Wyck                | off                                     |
| be execut  | edic obe  |               | VAS DECEASED EVER<br>YES, NO OR UNKNOWN)                                 |                                    | MED FORCES?<br>E WAR OR DATES) | 218-40-  |              | 17 INFORM                         |                        | nard Same                                     | ab ite                    | em # 13             |   |
| 5, 201 W. PRESTON ST., BAL<br>nite that he death certificate<br>of the offending physicis<br>an please remove carbonoppers | ease remove<br>of, cremation,<br>or ather traum | NO            | Conditions, if any, gove rise to imm couse (a), stating underlying couse | which<br>nediate<br>g the<br>last. | DUE TO, O                      | R AS A CONSEQUER AS A CONSEQUE   | ENCE OF      | NOT RELATED                       | O TO THE TERM          | IINAL DISEASE OR                              | CONDITION G               | SIVEN IN PART I     | 10.                                     |
| AL RECOR   | e prior   | CERTIFICATION | 19a. DATE OF OPERAT  | ION                                | 196 COND                       | ITION FOR WHICH  | OPERATIO     | N WAS PERFO                       | DRMED                  | 20a AUTOPSY<br>YES NO                         | IN CER                    | ES, WERE FIND       | INGS USED<br>S OF DEATH?                |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require rememding physician.   | urial-transit p                                 | MEDICAL CER   | 21a. ACCIDENT WAS UND<br>OR CONTRIBUTING C<br>(IF EITHER, NOTIFY MEDIC   | AUSE OF DEA                        | P.                             | M. MONTH D<br>M.   | AY YEAR      |                                   |                        | RED (ENTER NATURE O                           | DF INJURY IN ITEM 18      | 3 PART I OR PART 2) |   |
| DIVISIO<br>ING PHY<br>refendi  | os the bu                                       | MED           | 21d INJURY OCCURR  |                                    | 21e. PLACE<br>(AT HOME, STE    | OF INJURY<br>REET, FACTORY, OFFICE,  | FARM, ETC.)  | 21f LOCATI                        | 1                      | Cit   | YORTOWN                   | COUNTY              | STATE                                   |
| ATTENDI<br>spitol o  | of Heal   |               | sow the decease<br>abave, (I) (we) (d                                    | d olive on                         |                                | 4/2 198  | 7_, ar       | d that in (my)                    |                        | , to<br>death accurred an                     | the dote and he           | , 19 day            | , that (I) (we) lost<br>e causes stated |
| HOSPITAL OR Joined by the ho   |   |               | THE PREVIOUS IN  | ME (TYPE OF                        | R PRINT)                       | Sm   | dn           | 270 ADDRES                        | ATTENDING PHYSICIAN SS | MEDICAL<br>DIRECTOR P                         | STAFF<br>HYSICIAN [       | 22c. DATE           | E GIGNED / CHEV                         |
| TO HOS<br>retoined   | shouls<br>with t                                | 23a           | BURIAL, CREMATION, I   |                                    | 23b DATE/8'                    | 200 10   | NAME OF C    | EMETERY OR                        | CREMATORY              | 23d LOCATION                                  |                           | 1/ 40               | E (HISE                                 |
| BP   |   |               | Dut Le   |                                    |                                | the state of the s |              |                                   |                        |   | imore,                    |                     | SIMIC /                                 |
|  | 16 60M 7/84<br>A 15, 4)                         | 24 F          | ST30 WI  |                                    |                                | DC 200   |              |                                   | MAY                    | 8 1987  |                           | strar's signa       |   |
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| 050288  | AFR        | 15            | FOR<br>STATE<br>BEGISTRAR   |                                     |                              | DEPARTA                                   | MENT OF H      | OF MARYLAND<br>EALTH AND MENTA<br>CATE OF DEATH |               | REG. I   | nd              | 5 8                                       | 3                                  |
|---|------------|---------------|---|-------------------------------------|------------------------------|---|----------------|---|---------------|--|-----------------|---|------------------------------------|
| nay be<br>page 3                              |            |               | EASED NAME<br>OR PRINT)   | 100                                 | PG C                         | L. A                                      | ZIAY           | NONOF   | ド             | DATE OF DEATH                                  | MONTH /         | 11/87                                     | 5 HOUR S                           |
| Page 4 mo                                     |            | 3. SEX        | Male  | - 4                                 | CAU                          | CASION                                    | S. DATE O      | P BIRTH   | 02            | GE (IN YEARS LAST B                            | YRS             | IF INDER TYEAR                            | HOURS MIN.                         |
| death. Po                                     | of once    |               | THPLACE (STATE ORFO<br>DUNTRY)<br>RUSSIA                              |                                     | United                       | States                                    | MARRIEI WIDOWE | D DIVORCE                                       |               | MONTG  | -               | ery c                                     | ounty MD                           |
|   | 90         | 10 CI         | YOR TOWN OF DEA<br>Rockville  | TH 1                                |                              | HOSPITAL, NURSING CHEACILITY, GIVE STREET |                | V N. H.   | )N 120<br>(TY | USUAL OCCUPA<br>PE OF WORK FOR MOST<br>Colonel |                 | IFE) INDUSTRY                             | Army                               |
| 24 hou  | \$5        | 13a. S        | -   | NG HOME OR CO<br>136 COUNT<br>Montg | ſΥ                           | 134 CITY OR TOW<br>Bethesd                | N              | 13d INSIDE CITY LIM                             |               | street address<br>5605 Park                    |                 |   | 20816                              |
| ed with                                       | 10         | 14 FA         | THER'S NAME<br>FIRST<br>Leonid  |                                     | K.                           | Artamon                                   | off            | IS MOTHER'S MAIDE                               |               | MIDDLE   |                 | Hartma                                    |                                    |
| oe execut                                     | medical    |               | AS DECEASED EVER I  | (IF YES, GIVE                       | MED FORCES?<br>WAR OR DATES) | 367-01-                                   |                | Mary M. A                                       | rtamon        |  | ame as          | 13  |                                    |
| thrate by physicia physicia mpapers           | event, the |               | 18 CAUSE OF DEATH<br>PART I. DEATH WA                                 | I Enter only<br>AS CAUSED           | BY.                          | r line for (a), (b), an                   | Done           | liar a  | wea           | t  |                 | BETWEEN                                   | CIMATE INTERVAL<br>ONSET AND DEATH |
| death cer<br>ottending                        | oumotic e  |               | Conditions, if any,   | which                               |                              | DR AS A CONSEQUI                          | itte           | nositero  | به            |  |                 |   |                                    |
| that the by the cose remoil, cremoil, cremoil | r other tr |               | gave rise to imm<br>cause (a), stating<br>underlying cause            | g the                               | DUE TO, C                    | DR AS A CONSEOU!                          | ENCE OF        |   |               |  |                 |   |                                    |
| riguires i                                    | lury, o    | NOI           | York  | June                                | mer                          | n ,                                       | gew            | NOT RELATED TO THE                              | e) a          | revolu   | levera          | s, delr                                   | telation                           |
| A Marie                                       | 2          | CERTIFICATION | 190 DATE OF OPERAT  |                                     |                              |   | GERATIO        | N WAS PERFORMED                                 |               | YES NO NO                                      | IN CERT         | ES, WERE FINDI<br>IFYING CAUSES<br>(ES [] | NGS USED<br>S OF DEATH?            |
| 100   | 9          | MEDICAL CE    | 210. ACCIDENT WAS UND<br>OR CONTRIBUTING C<br>(IF EITHER NOTIFY MEDIC | AUSE OF DEAT                        | Р                            | .M. MONTH D.                              | AY YEAR        | 21c. HOW INJURY O                               | OCCURRED      | (ENTER NATURE OF IN                            | JURY IN ITEM 18 | PART I OR PART 2)                         |                                    |
| NG PHY<br>offer the                           | orked      | MED           | 21d INJURY OCCURR   | ILE                                 |                              | OF INJURY<br>IREET, FACTORY, OFFICE, F    | ARM ETC )      | 211. LOCATION<br>STREET                         |               | CITY OR  | TOWN            | COUNTY                                    | STATE                              |
| spital or cross of Heal                       | , 21 is m  |               | 22a I certify that (1)<br>saw the decease<br>above, (1) (we) (d       | d plive on                          | 4-16                         | 19  | 87.00          | d that in (my) (our) o                          | pinion deat   | h occurred on the                              | date and ha     | out and from the                          | that (h (we) lost<br>couses stated |

should be detached with the State Dept IMPORTANT. If them BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

231 NAME OF CEMETERY OR CREMATORY

DC

22e ADDRESS

Virginia

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE 4-12-87 Metropolitan Crematory

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE

24 FUNERAL DIRECTOR Richard Rapp, Incoress 1804 T Street, NW, Washington,

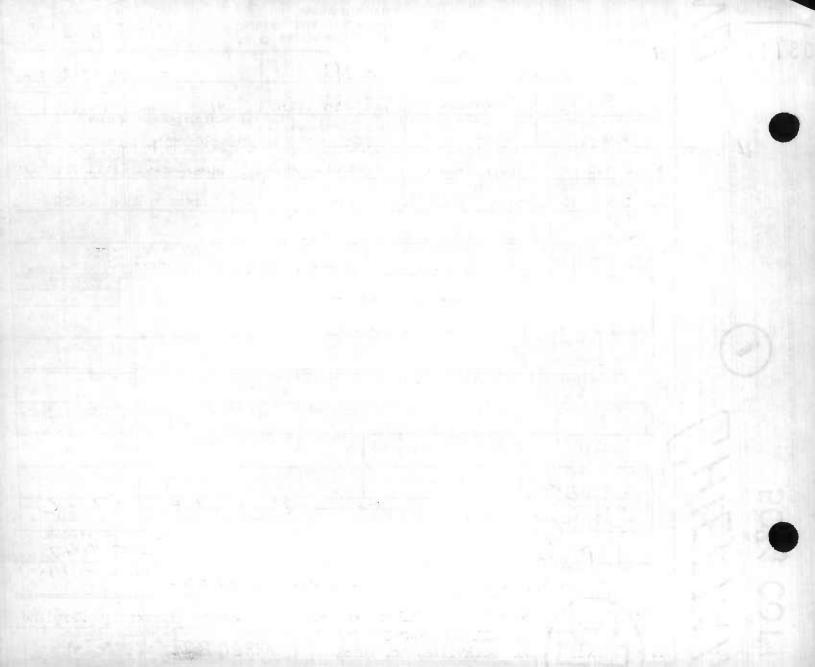
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|   |               |  |   | STATE                            | OF MARYLAND                    |   |   |               |
|---|---------------|--|---|----------------------------------|--------------------------------|---|---|---------------|
| 100 1000  | 1-            | FOR<br>STATE<br>REGISTRAR  |   | CERTIF                           | EALTH AND MENTAL HYC           | REG. NO.  | 1584  |               |
| ege 3   |               | ORPRINTI AFUA  | MIDDLE  | SIED                             | L.                             | 20. DATE OF DEATH MON                               | 8 87 /3°  | AM            |
| ge 4 may<br>ector, po<br>rs ofter d   | 3. SE         | Female   | Black   | S. DATE O                        | F BIRTH  DAY  YEAR  2          | 6. AGE (IN YEARS LAST BIRTHDAY 26                   | ) IF UNDER LYEAR IF UNDER 2 MONTHS. DAYS HOURS  YRS.                              | MIN.          |
| nerol dir.  |               | RIHPLACE (STATE OR FOREIGN   | Ghana   | MARRIED<br>WIDOWE                | NEVER MARRIED M                | Montgome  | 1   | MD            |
| by the full filed with  | 10. C         | ILVER SPRING   | 11. NAME OF HOSPITAL, N<br>(# NOT IN SUCH FACILITY, GIVE<br>1701 Y CROS | URSING HOME O<br>STREET ADDRESS] | ROTHER INSTITUTION             | 170 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WOR | IZB. KIND OF BUSINES  | ESS OR        |
| 1 24 hou  | 13a :         | ma list coun   |   |                                  | 138. INSIDE CITY LIMITS?       | 13. STREET ADDRESS / ZIR<br>12/8 My/)               | GODE Ave 209  | 912           |
| a within  | 14 F/         | ATHER'S NAME   | M. Asiedů   | ST .                             | Eveligh                        | Q <sub>IDDIE</sub>                                  | Opoméa  |               |
| Poges 1   | 16a V         | VAS DECEASED EVER IN U.S. AR<br>YES, NO OR UNKNOWN) (IF YES, GN            | /E WAR OR DATES)  | security No.                     | " 630 St. Nich<br>Benta Funera | nolas Ave, New<br>11 Home                           |   |               |
| g physicid<br>on papers<br>removal.   |               | 18 CAUSE OF DEATH (Enter or<br>PART I. DEATH WAS CAUSE<br>IMMEDIA)         | nly ane cause per line (a), (c) BY: TE CAUSE (a)                        | piral &                          | y failu                        | re  | APPROXIMATE INTERIOR BETWEEN ONSET AND I  | RVAL<br>DEATH |
| the death ce  |               | Canditians, if any, which gave rise to immediate                           | DUE TO, OR AS A CON   | ng V                             | netastas                       | es  | 240   | L             |
| th to the state of  |               | cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT ( | DUE TO, OR AS A CON   | teo gen                          | NOT BELATED TO THE TERM        | ain al DISEASE OF CONDITIO                          | DN GIVEN IN PART 1(g)   | 2             |
| on. has been sign to permit. Then tene prior to but one prior to but one prior to but one to but on  | CERTIFICATION | 19a DATE OF OPERATION  | 196. CONDITION FOR V  |                                  |                                | 20a AUTOPSY? 20b                                    | . IF YES, WERE FINDINGS USED<br>CERTIFYING CAUSES OF DEATI<br>YES \( \text{NO} \) | TH?           |
| SICIAN: T<br>ng physici<br>certificate<br>oriol-transi<br>tental Hygi   |               | ? (a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.                    | HOUR A.M. MONT  | H DAY YEAR                       | 21c. HOW INJURY OCCUP          | RRED (ENTER NATURE OF INJURY IN I                   | (EM 18 PART   OR PART 2)  |               |
| ottending<br>ottending<br>fter this ce<br>as the buri<br>h and Mei<br>srked or th   | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK                              | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, C                    | OFFICE, FARM, ETC.)              | 211 LOCATION<br>STREET         | CITY OR TOWN  | COUNTY ST   | STATE         |
| ATTENDIN<br>Spirol or<br>CTOR: A<br>of for use<br>of for use<br>of to of to use<br>of to of to use<br>of to use<br>of to use<br>of to use<br>of to of to o |               |  | ital) attended the deceased the body after death.                       | 19 <b>\$</b> /, or               |                                | death accurred an the date a                        | nd haur and from the causes sta   |               |
| oy the horse and the horse detached to the DIRE   |               | 22d PHYSICIAN'S NAME (1995   | per   |                                  | ATTENDING PHYSICIAN 1          | MEDICAL STAFF DIRECTOR PHYSICIAN                    | 221 datesigned 48 87  |               |
| etoined by<br>TO FUNERA<br>should be do<br>with the Stat  |               | 1  | ERER M  | 0                                |                                | rara A:   | Wheaton, md   | d             |
| BP  | В             | BURIAL, CREMATION, REMOVAL<br>(SPECIFY)<br>UTIA1                           | 5/2/87  | Rosedale                         | Cemetery OR CREMATORY          | 23d LOCATION CITY OF TOWN Linden                    | Union New Jer   | STATE         |
| DHMH - 16 60M 7/B4<br>(VRA 15 4)  | 24 F          | Himes/Rinaldi  | 11800 New Ham   | p.Ave.S.                         | S.Md.                          | TE REC'D. BY REGISTRAR 256.                         | REGISTRAT'S SIGNATURE   |               |

| 117  |   | 1             |   |                      |                                      | STATI     | OF MARYLAND              |             |   |                      |                                       |
|--|---|---------------|---|----------------------|--------------------------------------|-----------|--------------------------|-------------|---|----------------------|---------------------------------------|
|  | I For MI  | 1             | FOR   |                      | DEPARTA                              | MENT OF H | EALTH AND MENTAL         | L HYGIEN    | E                                       | . 0                  | ran .                                 |
|  |   | 11            | STATE<br>REGISTRAR                            |                      |                                      | CERTIF    | ICATE OF DEATH           | 8           | / 250 10                                | 20                   | -J                                    |
| 5 1 1 6  | 5 5 APR 2   | I De          | CEASED NAME FIRST                             |                      | MDDLE                                |           | AST                      | 120         | REG. NO.                                | DAY YEAR             | 2b. HOUR                              |
|  |   |               | E OR PRINT)                                   |                      | NOUL .                               | _         |                          | 20          | DATE OF DEATH                           |                      |                                       |
| a a  | death<br>death  |               | Sar   | ah                   |                                      | 12        | abich                    |             | 4                                       | 14 87                | 8:07 AM                               |
| you  | 0.0   | 3. SE         | x   | 4. RACE              |                                      | 5. DATE C | F BIRTH                  | 6 A         | AGE (IN YEARS LAST BIRTHDAY)            | IF UNDER I YEAR      |                                       |
| 4  | off.  |               | Female  | Cauca                | Sina                                 | MONTH     |                          |             | 01                                      | MONTHS DAYS          | HOURS MIN.                            |
| 60   | urec<br>urs   | -             |   |                      |                                      | 10        | 27 9:                    | 5           | YRS                                     |                      |                                       |
| 4  | 2 d   | 7a. B         | IRTHPLACE (STATE OR FOREIGN<br>COUNTRY)_      | 76. CITIZEN OF V     | WHAT COUNTRY?                        | MARRIE    | D NEVER MARRIED          |             | BALTIMORE CITY OR COUN                  | ITY OF DEATH         |                                       |
| - Page   | in 72   |               | Russia  | USA                  |                                      | WIDOWE    |                          |             | montgomery                              |                      | MD.                                   |
| 0  | 是多大   | 10. C         | ITY OR TOWN OF DEATH                          |                      |                                      | IG HOME C | R OTHER INSTITUTION      | N 12a       | USUAL OCCUPATION                        |                      | OF BUSINESS OR                        |
| - ofe  | 1年5月  | 1 7           | Pockulle                                      |                      | H FACILITY, GIVE STREET              |           | eater west               |             | YPE OF WORK FOR MOST OF WORKING         |                      | Industry                              |
| 20   | 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =                 |               | AL RESIDENCE (IF NURSING HOME)                |                      | ) Home o                             | 1         | ELL OF CORP              | unge        | Drissmaker                              | - FVC.               | Hiddsdry                              |
| 21   | 29  | 13e.          | STATE 13b. COL                                |                      | 13c. CITY OR TOW                     |           | 134. INSIDE CITY LIMI    | ITS? 113e   | STREET ADDRESS                          |                      |                                       |
| 24<br>24                                       |   | M             | aryland Mon                                   | tgamery              | Rockvil                              |           | YES X NO                 | ] 6         | 121 Montrose                            | Road; 2              | 0852                                  |
| TLA I  | ÷ 5 5   | 14. F.        | ATHER'S NAME                                  |                      |                                      |           | 15 MOTHER'S MAIDE        | ENNAME      |   |                      |                                       |
| A 3  | 1 8 P   |               | Julius  | MIDDLE               | Millste                              | nin       | FIRST                    | _           | MIDDLE                                  | Tio                  | bovitz                                |
| Y. W   | E O   | 1-            |   |                      |                                      |           | Fanni                    | е           | ADDRESS MA                              |                      |                                       |
| OR Kect  | Pages 1   |               | WAS DECEASED EVER IN U.S. A                   | GIVE WAR OR DATES)   | 166 SOCIAL SECU                      | RITY NO.  | 17 INFORMANT             |             | ADDRESS MC                              | 1. 20854             |                                       |
| BALTIMORE, MARYLAND 2120                       | a a e   |               | NO  |                      | 058-09-2                             | 2523      | Judy Kay;                | Niece       | ;1437 Longhil                           | ll Drive             | :Potomac.                             |
| ALT  | the the   |               | 18 CAUSE OF DEATH (Enter                      | only one cours ner   |                                      |           |                          |             |   |                      | OXIMATE INTERVAL<br>N ONSET AND DEATH |
|  | Transfer in   |               | PART I. DEATH WAS CAUS                        | SED BY:              | Λ                                    |           | N 4 C G                  |             |   | BC I WEE             | S ONSEI AND VERIN                     |
| 15   | 0.00  |               | IMMEDI  | ATE CAUSE (a)        | Cardiac                              | (D)       | rest                     |             |   |                      |                                       |
| NO E   | 4 4 40  |               |   | DUE TO, OR           | AS A CONSEQUE                        | NCE OF    |                          |             |   |                      |                                       |
| EST I  | N. J. So  |               | Canditians, if any, which                     | ( 16) (0             | oronery At                           | Wy di     | sease                    |             |   |                      |                                       |
| <u>a</u>                                       | 2 1 2   |               | gave rise to immediate cause (a), stating the | 30,570,00            |                                      | THE OF    |                          |             |   |                      |                                       |
| 3 6  | 1 4   |               | underlying cause last.                        | DUE TO, OK           | R AS A CONSEOU                       | ENCEOF    |                          |             |   |                      |                                       |
| 10   | 4 T a   |               |   | (c)                  |                                      |           |                          |             |   |                      |                                       |
| S, 2   | en<br>en<br>buy,  | 2             | PART 2 OTHER SIGNIFICAN                       | CONDITIONS CO        | NIRIBUTING TO                        | DEATH BUT | NOT RELATED TO THE       | ETERMINA    | L DISEASE OR CONDITION                  | GIVEN IN PARI        | (a)                                   |
| ORO PA   | The or ro   | <u> </u>      | Hemoni  |                      |                                      |           |                          |             |   |                      |                                       |
| 3  | ony ony   | 3             | 19a. DATE OF OPERATION                        | 19P CONDI            | TION FOR WHICH                       | OPERATIO  | N WAS PERFORMED          |             | 200 AUTOPSY? 201 IF                     | YES, WERE FIND       | INGS USED                             |
| L R  | n bos   | <u> </u>      | GRANT V                                       |                      |                                      |           |                          |             | YES TO NOTE                             | YES                  | NO [                                  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | ronsit<br>Hygin   | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING                  | 21b. TIME OF         | FINJURY                              |           | 121c HOW INJURY OF       |             | ENTER NATURE OF INJURY IN ITEM          | IS PART   OR PART 2) |                                       |
| > X  | iffice<br>iffice  |               | OR CONTRIBUTING CAUSE OF E                    |                      | M. MONTH D                           | AY YEAR   |                          |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |                                       |
| Sic  | ding ph<br>is certifi<br>burial-th<br>Mental<br>or frem | N S           | (IF EITHER NOTIFY MEDICAL EXAMIN              |                      |                                      | 19        |                          | 110 189     |   |                      |                                       |
| SION   | his day   | MEDICAL       | 21d. INJURY OCCURRED                          | 21e. PLACE C         | OF INJURY<br>EET, FACTORY, OFFICE, F | ARM FIC \ | 211 LOCATION<br>STREET   |             | CITY OR TOWN                            | COUNTY               | STATE                                 |
| VIS 0  | otte<br>on<br>ked                                       | >             | WHILE NOT WHILE AT WORK                       |                      | eer, meroni, or ice.                 |           |                          |             |   |                      |                                       |
| 0  | Aff<br>olith<br>mo                                      |               | 220 I certify that (I) This has               | pital) attended the  | e deceased from                      | 10-       | 2 19 2                   | 89          | to 4-14                                 | 194                  | that ( (we) last                      |
| ATTEN  | OR:<br>OR:<br>F He                                      |               | saw the deceased alpe                         | - / -/               | 3 19                                 | 87 01     | nd that in (my) your) ac | binian deat | th accurred an the date and I           | haur and from th     |                                       |
| A FA   | hospit<br>RECTC<br>hed fo<br>ept. of<br>tem 21          |               | abave, (I/(we) (did) /did i                   | not) view the bady o | after death.                         |           |                          |             |   |                      |                                       |
| S.   |   |               | 22b. SIGNATURE                                |                      |                                      |           | DEGREE ATTENDI           | 10.10       | MEDICAL STAFF                           | 22c. DA1             | ESIGNED                               |
| ¥.   | tAL D<br>detoc<br>ote D<br>vt. #                        |               | July 1  | wat                  |                                      |           | PHYSICI                  |             | IRECTOR PHYSICIAN                       | -11                  | 1.+7                                  |
| TIAS   | AN SE   |               | 224 PHYSICIAN S NAME (TYPI                    | OR PRINT)            |                                      |           | 22e ADDRESS              |             | Pal                                     | 17 v.1/4, m          | 120850                                |
| HOSPIT   | P. F.U.   |               | Thira 6                                       | chw Ath              |                                      |           | 15225 Thad               | 63204       | 17d # 206                               | ,,,,,,               | , 0,                                  |
| 0  | TO FUNERAL E<br>should be deto<br>with the State        | -             |   |                      |                                      |           |                          |             |   |                      |                                       |
| -  |   |               | Burial, CREMATION, PEMOVA<br>Burial           |                      |                                      |           | EMETERY OR CREMAT        |             | 23d. LOCATION                           | COUNTY               | STATE                                 |
| 8  | 3P  |               | Duridi  | 4/16/87              | Ju                                   | idean     | Mem.Garden               | ns          | Ofney; Monto                            | gamery;              | Maryland                              |
| DHAN   | 14 5043 4 200   | 24 F          | UNERAL DIRECTOR DANZA                         | NSKY-GOLL            | DBERG MEN                            | ORIAL     | CHAPELS 25               | So DATE RE  | C'D. BY REGISTRAR 256. REG              | ISTRAR'S SIGNA       | ATURE                                 |
|  | H - 16 50M 4/B2<br>(VRA 15, 4)                          |               | 170 Rockville                                 |                      | ADDRESS                              |           |                          | APF         | R201987 Juli                            | a Scorder            | 0.1.                                  |
| ,  | 101 -1  | 1             | TIO TOOLEVILLE.                               | THE LIVE             | NATTTE!                              | I'de a    | 0032                     |             | 0 .00.                                  | - Warnell            | A CONCENTRAL                          |



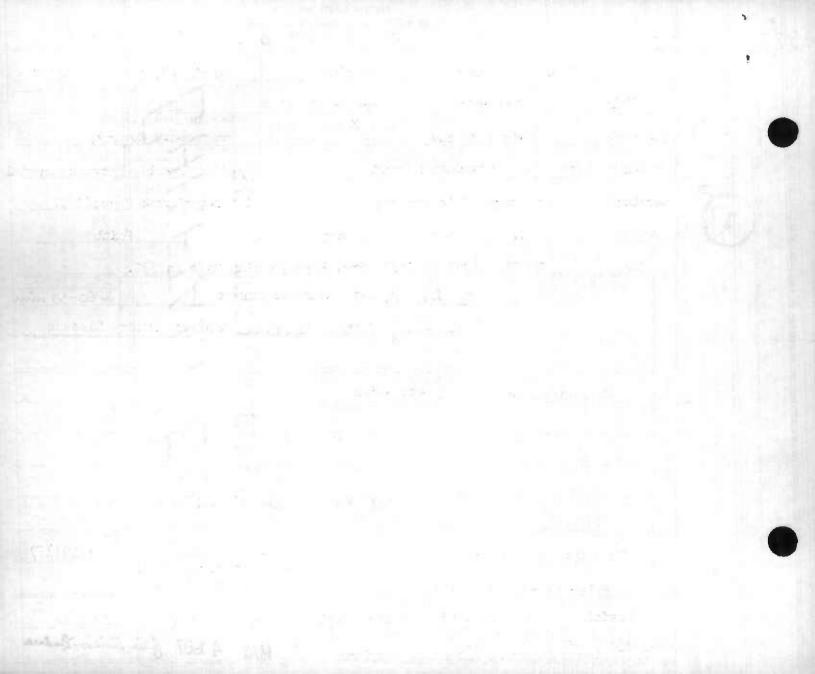
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME TYPE OR PRINTI 6 AGE LIN YEARS LAST BETT 3 SEX RACE White Female 17,1888 April 98 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MONTGOMERY U.S.A. Russia WIDOWEDXX DIVORCED [ IO CITY OR TOWN OF DEATH INDUSTRY Rockville HEBREW HOME OF GREATER WASHINGTON Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 6121 Montrose Road (20852) A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nathan Stein Bluma (Unknown) 166 SOCIAL SECURITY NO 17 INFORMANT ADDRMaryland 20906 Saul Mindel; 3513 Tarkington Lane; Silver Spring 213-74-1850 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY CARDIAC ARRHTHMIA Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING \_ CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 27a.1 certify that (1) (this hospital) attended the deceased from that in (my) (aur) apinion death accurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN' the S 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 4/5/87 King David Mem. Garden Falls Church: Fairfax: Virginia 24 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS DHMH - 16 60M 7/84 ha Dandon Randall 1170 Rockville Pike: Rockville, Maryland 20852 (VRA 15, 4)

STATE OF MARYLAND

4/9 

7557 Wisconsin Ave., Bethesda, Maryland

(VRA 15. 4)



|   | 1             |   |  | STATE OF MARYLAND                                 |  |   |
|---|---------------|---|--|---|--|---|
| 050155  | 1             | FOR - STATE REGISTRAR   | DEPAR  | TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | 07   | 588   |
| 6 6 6 V   | 1.°C          | PE OR PRINT)  | MIDDLE   | BACP  | 20. DATE OF DEATH MONTH  | DAY YEAR 26 HOUR 8:12   |
| e 4 may b<br>ctar. page   | 3. 9          |   | 14. RAGE (AUCHSIAN)  | S. DATE OF BIRTH                                  | 6. AGE UN YEARS LAST BIRTHMAY)   | FUNDER LYEAR IF UNDER A HRS   |
| 01 156/   |               | BIRTHPLACE (STATE OR FOREIGN COUNTRY) LISSISSIPPI   | 76. CITIZEN OF WHAT COUNTRY  |   |  |   |
| 30.72   |               | Server Town of DEATH  | 11. NAME OF HOSPITAL, NURS   | ING HOME OR OTHER INSTITUTION                     | 120. USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING BUSINESSWOMAN! |   |
| AND 212   | 130           | ual residence (18 nursing home of STATE 136, COU<br>aryland Mon                               |  |   | 13e STREET ADDRESS / ZIP CO  |   |
| MARYL<br>and within   | 2             | FATHER'S NAME Leopold   | MIDDLE LAST  |   | WIDDLE   | Schwartz  |
| IMORE<br>the execu-<br>to mesical   | 160           | WAS DECEASED EVER IN U.S. AI  | RMED FORCES? 16b SOCIAL SECULAR WAR OR DATES) 435-01   |   | ADDRESPOŁ<br>1; Son; 9920 Bedfo.                                       |   |
| st., BAL<br>rtificate<br>physical<br>an paper<br>emoval.  |               |   | nly ane couse per line far (a), (b) of<br>ED BY:<br>TE CAUSE (b)   | EDIAC Anther                                      | min  | APPRÖXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH   |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE WG PITSIC IAN. The law requires that the death certificate in execution of the control of the law of the control o  |               | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE | ongenice rem                                      | of Feeling   |   |
| ORDS, 20 requires 1 re  | NOI           |   |  | D DEATH BUT NOT RELATED TO THE TE                 |  |   |
| TAL REC   | CERTIFICATION | 196 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING   |  | THOPERATION WAS PERFORMED                         | YES NO   | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc |
| NOFVI   | MEDICAL CE    | OR CONTRIBUTING CAUSE OF DE   | HOUR A.M. MONTH  | DAY YEAR 19 211 LOCATION                          | URRED (ENTER NATURE OF INJURY IN ITEM                                  | 18 PART I OR PART 2)  |
| DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIONO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DIVISIO<br>DI | WE            | WHILE NOT WHILE AT WORK   | LAT HOME STREET, FACTORY, OFFICE   |   | 7 46   | STATE STATE   |
| RECTOR.<br>ed for us<br>pt. of fee  |               |   | n 19 otherwise the bady after death.   | DEGREE  | an death occurred an the date and                                      | hour and from the causes stated  220, DATE SIGNED   |
| HOSPITAL OF<br>FUNERAL DI<br>FUNERAL DI<br>Muld be detoch<br>th the Stote De  | 7             | THE PHYSICAND NAME OF   | ORPRINT)   | ATTENDING<br>PHYSICIAN<br>27e ADDRESS             |  | 14/7/87   |
| 0   | 230           | BURIAL, CREMATION, REMOVAL<br>(SPECIFY)<br>Burial   | 23b DATE 23c 4/8/87  | NAME OF CEMETERY OR CREMATOR<br>Jewish Cemetery   | CITY OR TOWN   | county state  |
| DHMH - 16 60M 7/84  | 24            | FUNERAL DIRECTOR DANZA  | NSKY-GOLDBERG MI   | EMORIAL CHAPELS 250 C                             | DATE REC'D. BY REGISTRAR 256 REG                                       | SISTRAR'S SIGNATURE   |
| (VRA 15. 4)   | 1             | 170 Rochwillo P   | ibo · Rachuilla 1  | Md 20852  | OF 4 / 4007 /1.  | Trondon Pandall   |

4)15

199 A 1 994

within 24 hours ofter death

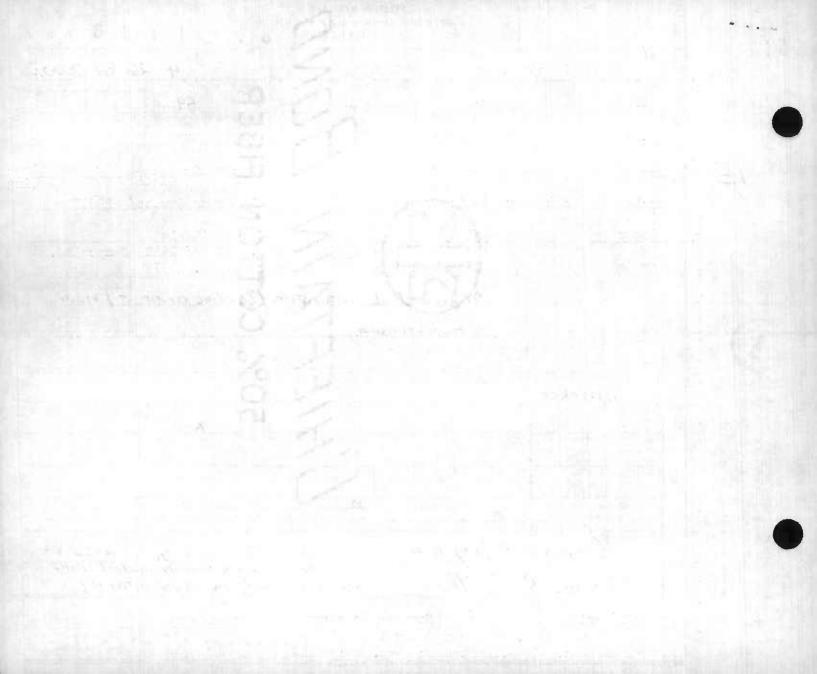
| 1        |            |   |                                      |                   | STA               | TE OF MARYLAND                 |   |                                 |                 |   |  |  |
|----------|------------|---|--------------------------------------|-------------------|-------------------|--------------------------------|---|---------------------------------|-----------------|---|--|--|
|          | 1 -        | FOR<br>STATE  |                                      | DEF               |                   | HEALTH AND MENTAL HYG          | SIENE   | 1 1                             | 3 8             | 9                                       |  |  |
| 100      | 0.         | REGISTRAR   |                                      |                   | CEKII             | FICATE OF DEATH                | O / REG. N  | ð.                              | 3 0             |   |  |  |
| 1        | 1. DEC     | CEASED NAME FIRST   | Deutline                             | MIDDLE            |                   | LAST                           | 20 DATE OF DEATH  | MONTH DAY                       | YEAR            | 26 HOUR                                 |  |  |
|          |            | CHARLES   | LINDBER                              | .G                | BAILE             | Y                              |   | 4 26                            | 87              | 3:00 AM                                 |  |  |
| Jr.      | 3 SEX      | (   | 4 RACE S. DATE OF BIRTH              |                   |                   |                                | 6 AGE IN YEARS LAST BIE   | THDAY) IF I                     | INDER I YEAR    | IF UNDER 24 HRS                         |  |  |
| Ε,       |            | MALE  | Cauca                                |                   | Nove              | ember 18,1927                  | 5   |                                 |                 |   |  |  |
| 7        |            | RTHPLACE (STATE OF FOREIGN  | 76 CITIZEN OF                        | WHAT COU          | MARRI             | ED XXNEVER MARRIED             | 9 BALTIMORE CITY OR COUNTY OF DEATH                                   |                                 |                 |   |  |  |
| A        | G          | Porgia<br>TY OR TOWN OF DEATH   | United                               |                   |                   |                                | Montgomery MD.  |                                 |                 |   |  |  |
| 1        |            |   | (IF NOT IN SUC                       | CH FACILITY, GIVE | E STREET ADDRESS) | OR OTHER INSTITUTION           | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |                                 |                 |   |  |  |
| 25       |            | AL RESIDENCE (IF NURSING HOME)  | 1118 Jan                             |                   |                   |                                | Electronic  |                                 |                 | Condition-                              |  |  |
| I        |            | TATE 136 COL  |                                      | 13c CITY OF       |                   | 134 INSIDE CITY LIMITS?        | 13e.STREET ADDRESS  |                                 |                 | ing                                     |  |  |
| ¥        |            | aryland   Mon   | tgomery                              | Gaith             | ersburg           | YES X NO [                     | 1118 James  | Street/                         | 208             | 77                                      |  |  |
| BRA      | 11.12      | FIRST   | WIDDLE                               | LA:               |                   | FIRST                          | MIDDLE  |                                 | LAS             | T.                                      |  |  |
| -        | 140. 14    | Oscar<br>VAS DECEASED EVER IN U.S. A  |                                      | Bailey            | L SECURITY NO.    | 17 INICODUANIT III             | Not availa  |                                 |                 |   |  |  |
| DR       | ()         | ES. NO OR UNKNOWN)   IF YES. C  | IVE WAR OR DATES)                    |                   |                   | Son: Son:                      |   |                                 | Senec           | a Rd.                                   |  |  |
| BY       |            | Yes WW.   |                                      | 258-3             | Germa             | ntown, Md.                     | 20874   | ADDRAV                          | MAATE INITEDWAY |   |  |  |
| -        |            | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY  MARK CAUSE IN THE WAS CAUSED BY |                                      |                   |                   |                                |   |                                 |                 |   |  |  |
| 0        |            | IMMEDIATE CAUSE 10) My & cardial infarction / Cardiac arrest - / nour   |                                      |                   |                   |                                |   |                                 |                 |   |  |  |
| )VE      |            | DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which (1b) Hypertension.  |                                      |                   |                   |                                |   |                                 |                 |   |  |  |
| RC       |            | Canditions, if ony, which gove rise to immediate  | (b)_                                 | 774               | pertens           | 1141.                          |   |                                 |                 |   |  |  |
| APPROVED |            | couse (a), stating the underlying cause last  | DUE TO, O                            | RASACON           | SEQUENCE OF       |                                |   |                                 |                 |   |  |  |
|          |            | PART 2 OTHER SIGNIFICANT  | CONDITIONS CO                        | ONLTRIBILITINI    | C TO DE ATH BU    | T NOT BELATED TO THE TERM      | AINIAI DISEASE OR CON   | DITIONICIVEN                    | INL DADT 1.     |   |  |  |
| AND      | NO         | Smoke   |                                      | ZIA1 KIBOTIN      | G TO DEATH BU     | THOT RELATED TO THE TERM       | VINAL DISEASE OR CON  | IDITION GIVEN                   | IN PART II      | a                                       |  |  |
|          | ATI        | 190 DATE OF OPERATION   | 196. CONDITION FOR WHICH OPERATION W |                   |                   | ON WAS PERFORMED               | 200 AUTOPSY?  | 206. IF YES, WERE FINDINGS USED |                 |   |  |  |
| NOTIFIED | CERTIFICAT |   |                                      |                   |                   |                                | YES NO  | IN CERTIFYING CAUSES OF DEATH   |                 | OF DEATH?                               |  |  |
| H        | ERI        | 210 ACCIDENT WAS UNDERLYING   | 216. TIME C                          |                   |                   | 21¢ HOW INJURY OCCUR           |   |                                 | I OR PART 2)    |   |  |  |
| TO       |            | OR CONTRIBUTING CAUSE OF D  | LAIN .                               | M. MONTI          |                   | 333 S V                        |   |                                 |                 |   |  |  |
| ž        | MEDICAL    | 21d INJURY OCCURRED   | 21e PLACE                            | OF INJURY         | 19                | 211 LOCATION                   |   |                                 |                 |   |  |  |
| ER       | W          | WHILE NOT WHILE AT WORK   | (AT HOME ST                          | REET FACTORY, C   | OFFICE FARM ETC ) | STREET                         | CITY OR TO  | )WN                             | COUNTY          | STATE                                   |  |  |
| EXAMINER |            | 22a   certify that (I) (this has  | pital) attended th                   | e deceased        | fram              | Ø 10                           | to 6  | X 10                            |                 | that (I) (we) last                      |  |  |
| AM       |            | saw the deceased alive a  | n                                    |                   |                   | and that in (my) (our) opinian | death accurred an the d   | ate and hour o                  |                 | , |  |  |
| EX       |            | abave, (I) (we) (did) (did r<br>22b SIGNATURE   | at) view the bady                    | atter death.      |                   | DEGREE                         |   |                                 | 22c. DATE       | SIGNED                                  |  |  |
| 5        |            | Herman  | ackl                                 | un                | ns                | ATTENDING                      | MEDICAL STA   |                                 | 4-2             | 26-83                                   |  |  |
| 13       | 23         | 22d PHYSICIAN'S NAME TYPE   | OR PRINT)                            | 11                |                   | 220 ADDRESS George             |   |                                 | diene c         | enter                                   |  |  |
| MEDI     |            | Thomas  | RC                                   | UIP               | 5                 | 3800 Reservoir                 |   |                                 |                 |   |  |  |
| 艺        | 23a. B     | URIAL, CREMATION, REMOVA  | 236. DATE A1                         | ori1              | 23c. NAME OF      | CEMETERY OR CREMATORY          | 23d LOCATION  |                                 |                 |   |  |  |
|          | (          | emoval/Burial   | 28. 19                               |                   | Branner           | n Cemetery                     | Statesbo  |                                 | OUNTY           | Georgia                                 |  |  |
|          | 24. FL     | INERAL DIRECTOR Rober   | t A. Pur                             |                   | Funeral           | Home/ 250 DAT                  | E REC'D. BY REGISTRAR   |                                 |                 |   |  |  |
|          | Ro         | ckville, Inc.   |                                      | - AU              | DME 22            | 1 4 77                         | R 2 9 1987  | when Dan                        | door-Ra         | ndall                                   |  |  |
|          |            |   |                                      |                   |                   | Maryland                       |   |                                 |                 |   |  |  |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

injury, or other fraumotic event,

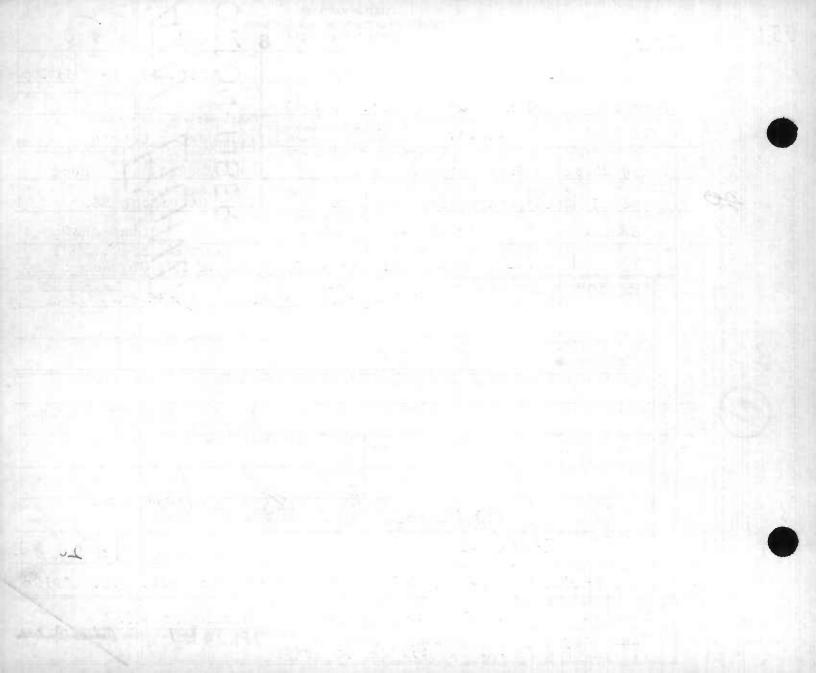
IMPORTANT: If Hem 21 is morked or we should be detached for use as the biwith the State Dept. of Health and M TO FUNERAL DIRECTOR



250 DATE AND DE REGISTERIAL SO REGISTER STORMATURE

24 FUNDRALIZATISKY-Goldberg Memorial Chapels 1700 Rockville Pike Rockville, MD 20852

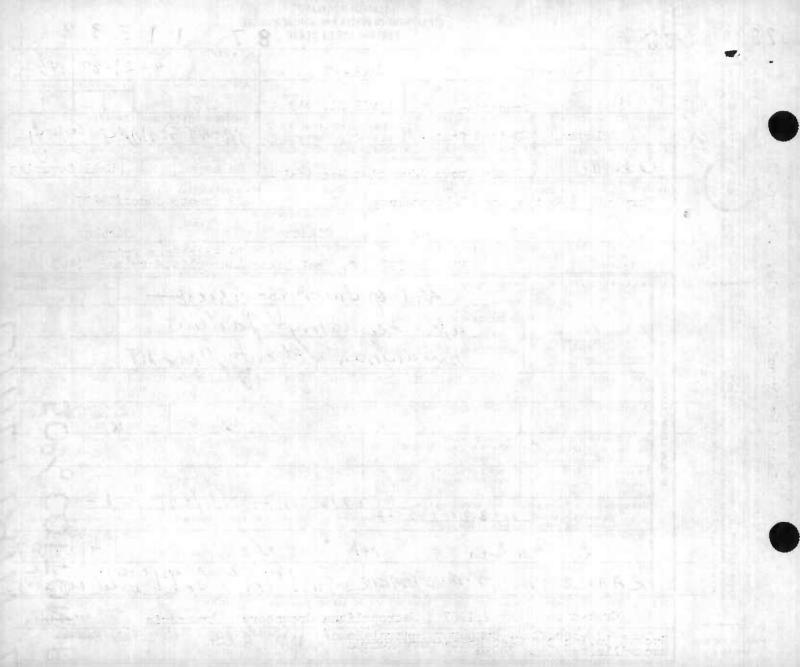
DHMH - 16 60M 7/B4 (VRA 15, 4)



|  | 1          |  |   |                                      | STAT       | E OF MARYLAND               |                              |                      |   |  |  |  |
|--|------------|--|---|--------------------------------------|------------|-----------------------------|------------------------------|----------------------|---|--|--|--|
|  | 1          | FOR<br>STATE   |   | DEPARTA                              | MENT OF H  | EALTH AND MENTAL HYG        | IENE                         |                      | n 1   |  |  |  |
| E method   |            | REGISTRAR  |   |                                      | CERTIF     | ICATE OF DEATH              | REG. NO                      | , 1 3                | 7 1   |  |  |  |
| 3 0 9 9 3 MR 1   |            | CEASED NAME FIRST  |   | MIDDLE                               | -          | AST                         |                              | MONTH DAY            | YEAR 26 HOUR                                    |  |  |  |
| oge 3  | (ITYP      | Anthony  |   | Frank                                | Ва         | k                           |                              | 1 11                 | 87 11AM   |  |  |  |
| E  | 3. SE      |  | 4. RACE   |                                      | 5. DATE C  |                             | 6. AGE IN YEARS LAST BIRT    | HDAY) IF UN          | DER I YEAR IF UNDER 24 HRS                      |  |  |  |
| oge 4  |            | Male   | Caucasi   |                                      | Marc       | h 7, 1924                   | 63                           | YRS                  |   |  |  |  |
| has bound  |            | IRTHPLACE (STATE OR FOREIGN                                  | 76 CITIZEN OF   | WHAT COUNTRY?                        | MARRIE     | NEVER MARRIED               | 9 BALTIMORE CITY O           | R COUNTY OF          | County  |  |  |  |
| \$ 50 C  | Mi         | nnesota  | United  | States                               | WIDOWE     |                             | Mon                          | tann                 |   |  |  |  |
| 11/12  | 10 C       | ITY OR TOWN OF DEATH   |   | HOSPITAL, NURSIN                     |            | OR OTHER INSTITUTION        | 17a USUAL OCCUPATION         | ON .) 12             | B. KIND OF BUSINESS OR                          |  |  |  |
| 5 1 1 90   | 15         | alver Soring   | ( , , , , , , , , , , , , , , , , , , ,                                     | Holso                                | 0          | 55                          | Biomedica1                   |                      |   |  |  |  |
| 2005   | USU<br>13a | AL RESIDENCE (IF NILL SING HOME OF                           | ROTHER INSTITUTIO   | N GIVE RESIDENCE BEFORE              | ADMISSION) |                             |                              |                      |   |  |  |  |
| 見 2 月 1  | Ma         |  | omerv   | Rockvill                             |            |                             | 4814 Arbut                   | us Ave.              | 20853   |  |  |  |
| 五 五 五 1  | -          | ATHER'S NAME   | 2. /  |                                      |            | 15. MOTHER'S MAIDEN NA      |                              |                      |   |  |  |  |
| A STATE  |            | Martin   | MIDDLE  | Bak                                  |            | Karolina                    | WIDDIE                       | Kor                  | mendera   |  |  |  |
| # 1 8- B   | 160        | WAS DECEASED EVED IN ILS AL                                  |   | 166. SOCIAL SECU                     | RITY NO.   | 17 INFORMANT                | ADDRE                        |                      |   |  |  |  |
| MO Se   | (          | YES NO OR UNKNOWN) (IF YES, G                                | VE WAR OR DATES)  | 474 18 9                             | 197        | Irene Louise                | Bak, see #                   | 13                   |   |  |  |  |
| Maria de la companya  |            | 18 CAUSE OF DEATH (Enter o                                   | nly one cause pe  | er line for (a), (b), and            | d (c . i   |                             |                              |                      | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |  |  |
| 7 4 600  |            | PART I, DEATH WAS CAUS                                       | ED BY:<br>TE CAUSE (a)  |                                      |            | un Henor!                   | HAGE                         |                      |   |  |  |  |
| N S S S S S S S S S S S S S S S S S S S  |            | WWW.COTA   |   | OR AS A CONSEQUE                     |            |                             |                              | 0,2                  |   |  |  |  |
| ST TO THE STATE OF |            | Conditions, if any, which                                    | ( , , ,   | ESSPIACE                             |            | Arices .                    |                              |                      |   |  |  |  |
| A STORY  |            | gove rise to immediate                                       | gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF |                                      |            |                             |                              |                      |   |  |  |  |
| 3 5 550 5  |            | underlying couse lost.                                       | DUE TO, O   | CM65                                 |            |                             |                              |                      |   |  |  |  |
| 201<br>plead   |            | PART 2 OTHER SIGNIFICANT                                     | CONDITIONS (  |                                      |            | NOT BELATED TO THE TERM     | INIAN DISEASE OR CONS        | WITHOUT COVERY       | L D A D Y L                                     |  |  |  |
| De la  | N<br>O     | 11.0   | Bench   | C                                    |            |                             | HAME DISEASE OR COINE        | THON GIVEN I         | VPART ITO                                       |  |  |  |
| Secondary Second | CATIC      | 190 DATE OF OPERATION  |   | DITION FOR WHICH                     | OPERATIO   |                             | 200 AUTOPSY?                 | 20h IF YES WE        | RE FINDINGS USED                                |  |  |  |
| File   |            |  | 4 5   |                                      |            |                             |                              | IN CERTIFYING        | G CAUSES OF DEATH?                              |  |  |  |
| 3 (1)  | GRA        | 210. ACCIDENT WAS UNDERLYING                                 | 7 216 TIME  | OF INJURY                            |            | 21¢ HOW INJURY OCCUR        | YES NOW                      | YES [                | NO 🗌  |  |  |  |
| 3 34 114 30  |            | OR CONTRIBUTING CAUSE OF DE                                  |   | A.M. MONTH DA                        | Y YEAR     | THE HOW HAJOR! OCCORP       | (ENTER NATURE OF INJUR       | Y IN ITEM 18 PART TO | OR PART 2)                                      |  |  |  |
| N NO SEE A   | CAL        | (IF EITHER NOTIFY MEDICAL EXAMINE                            |   | P.M.                                 | 19         | 211 1 2 2 4 7 (2)           |                              |                      |   |  |  |  |
| VISIO  | MEDI       | WHILE NOT WHILE  |   | OF INJURY<br>TREET FACTORY, OFFICE F | ARM ETC )  | 211 LOCATION<br>STREET      | CITY OR TO                   | VN (                 | COUNTY  |  |  |  |
| P 500 400 0  |            | 220.1 certify that () (this hosp                             | utal) attended t  | the deceased from                    | F-66       | 6 19 87                     | to Red MA                    | 216 11 10 8          | 7   |  |  |  |
| 1 1 6 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |            | saw the deceased alive or                                    | _ PAPCI   | J- (1 19)                            |            | d that in (m) (our) apinion |                              |                      | from the causes stated                          |  |  |  |
| A STATE  |            | above (I) we) did (did no                                    | ot) view the bad  | y otter death.                       |            | DEGREE                      |                              |                      | 22c DATE SIGNED                                 |  |  |  |
| 1 0 50 1   |            | A  | who   | 11/4                                 | Whi        | ATTENDING                   | MEDICAL STAF                 | F                    | 41.10   |  |  |  |
| F 4 8 5 5 7  | 1          | 22d, PHYSICIAN'S NAME (TYPE                                  | OR PRINT)   | 100                                  |            | 122e ADDRESS                | DIRECTOR PHYSIC              | IAN [                | 7111187   |  |  |  |
| HOSPILL<br>FUNER<br>PUNER<br>OPTAN   |            | PARPH VI. F  | BOCCIA.   | mi                                   |            | - 0                         | icions Lu                    | H- 7-                | Para Mr. mus                                    |  |  |  |
| 08 082 8   | 22.        |  |   |                                      |            |                             |                              | オレンン                 | reactive,                                       |  |  |  |
| DD.  |            | BURIAL, CREMATION, REMOVAL                                   |   |                                      |            | EMETERY OR CREMATORY        | 23d LOCATION<br>CITY OR TOWN |                      | UNTY STATE                                      |  |  |  |
| BP   |            | urial  | Apr 13  | 198/ Pa                              | rklaw      | n Memorial Pa               | rk Rockvil                   | e,                   | <u>Maryland</u>                                 |  |  |  |
| DHMH - 16 60M 7/B4   | Ro         | uneral pirector Robert<br>ockwille, Inc.<br>ockville, Md. 20 | 300 W.  | Montgomery                           | Av.        | TOILE 750. DAT              | REC'D. BY REGISTRAR          | 56. REGISTRAR'S      | SIGNATURE                                       |  |  |  |
| (VRA 15, 4)  | Ro         | ckville, Md. 2   | 0850  |                                      |            | A                           | PR 1 5 1987                  | Julia Ni             | ride D. I.                                      |  |  |  |

The Gold of The Art of the Control o Sight territorial residence and the later than

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 52399 MAY CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) harles Nicolas 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR MONTH YEAR 21, 1949 April Caucasian BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Delaware United States WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH WE KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) I TYPE OF WORK FOR MOST OF WORKING NDUSTRY Y USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HOSPITAL HIS COLINITY Salesman Wall Covering BALTIMORE, MARYLAND 21201 13e STREET ADDRESS Dep. 23 Trento Court/20877 Gaithersburg YES K Maryland Montgomery NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Nicolas Rue 1 Baker Ginette 34 East Lake Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Poges LIF YES, GIVE WAR OR DATEST IYES NO OR UNKNOWN! J. Ruel Baker Annapolis, Maryland 21403 579-64-5572 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINALOISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS. CERTIFICATION bee 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED by IN CERTIFYING CAUSES OF DEATH? YES X NO NO で 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DIRECT 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF \* FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) ciano etorned should be 0 23d LOCATION 238 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY May 2, 1987 Cremation Metropolitan Crematory Alexandria Virginia BP. Rockville, Inc 300 West Montgomery Avenue Rockville, Maryland 20850 DHMH - 16 50M 4/82 (VRA 15, 4)



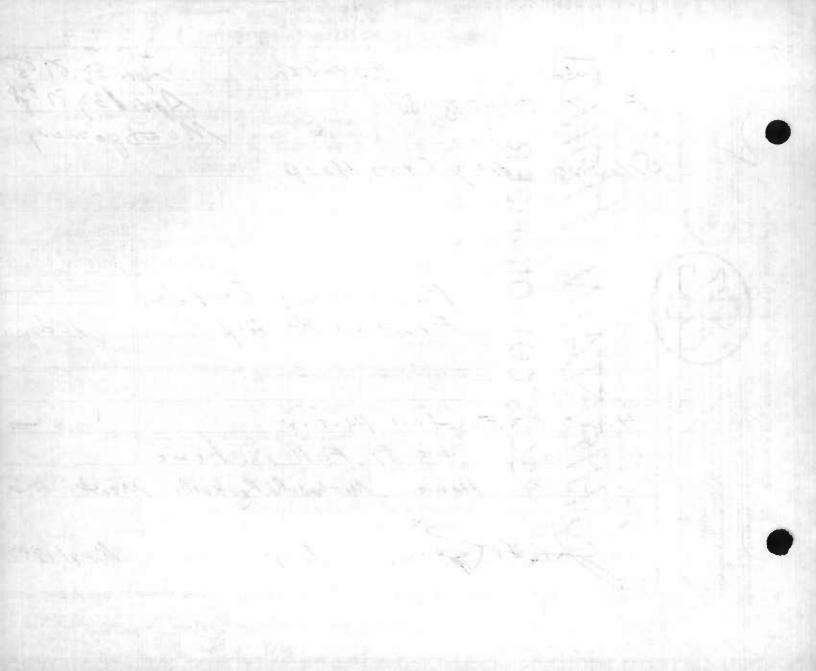
| 2152 HAY-  | Items 5,23C,d,F11   |   | INT OF HEALTH AND MENTAL HYG                    | IENE 3 PEG MO  | 5 9 3  |
|--|---|---|---|--|--|
| oy be<br>death   | 1 DECEASED NAME (TYPE OR PRINT)   | WIDDLE  | Baker   | REG. NO.   | AY YEAR 26 HOUR 12 12 136  |
| oge 4 may<br>rector. pag<br>urs after d  | Female Female   | RACE<br>Black   | 5. DATE OF BIRTH 3                              | 6743 YRS "   | FUNDER I YEAR IF UNDER 24 HR   |
| Part of di   | 70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  South Carolina  10 CITY OR TOWN OF DEATH 1                                    | 1. NAME OF HOSPITAL, NURSING  | MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF  | Co A   |
| J Pile S   | Md .  | Holy Cross Hos  | spital  | Retired Nursing A  | PROUSTRY   |
| to the design of | Md. Man   | 13c. CITY OR TOWN   | oring YES & NO [                                | 130.STREET ADDRESS / ZIP CODE<br>1205 Devere Driv  | e 2090   |
| ompletely and 2 s  | 14 FATHER'S NAME FIRST Robert Flowers   | DDLE LAST   | Allie   | WIDDLE   | LAST   |
| be execut<br>on and co   | 160 WAS DECEASED EVER IN U.S. ARMI<br>(YES, NO OR UNKNOWN) (IF YES, GIVE V  | ED FORCES? 166 SOCIAL SECURI<br>WAR OR DATES) 239-05-64                 |   | ADDRESS h Joyner/daughter  | /same as 13e   |
| quires that the death certificate signed by the otten and Shysic hen please remove dubompape to burial, certifican, or removal jury, or other the one of the secont, the secont is the secont of the second of the s | Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO | DUE TO, OR AS A CONSEQUEN  (b) Subdural  DUE TO, OR AS A CONSEQUEN  (c) | ice of temotome and                             | Cerebral Henry   |  |
| he law re<br>an.<br>hos been<br>t permit. T<br>rene prior  | 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING   | 196. CONDITION FOR WHICH O  | PERATION WAS PERFORMED                          | 200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES  | WERE FINDINGS USED ING CAUSES OF DEATH?  |
| PHYSICIAN, The anding physician this certificate the burgal-transit ad Mental Hygies d or termy 8 should at the myst should be | OR CONTRIBUTING CAUSE OF DEATH  | P.M.  | YEAR<br>19                                      | RED (ENTER NATURE OF INJURY IN ITEM 18, PA   | RT I OR PART 2)  |
| ond ond  | 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FAR.            | M, ETC.) 21f. LOCATION<br>STREET                | CITY OR TOWN   | COUNTY STATE   |
| TTEND pital o pital o for use of Hea   | 22a.1 certify that (1) (this haspita<br>saw the deceased alive an<br>above, (1) (we) (did) (did nat)                        | Hill 20 108.  | , and that in (my) (aur) apinion                | to Herri 20 . 1 death accurred on the date and hour  | that (II (we) li   |
| HOSPITAL Or ined by the FUNERAL DI UID be detach the State De ORTANT: If h   | 226. SIGNAFO  |   | DEGREE ATTENDING PHYSICIAN 2 22e ADDRESS        | MEDICAL STAFF  DIRECTOR PHYSICIAN  | 27. DATE SIGNED<br>4-25-87   |
| BP   | 230 BURIAL, CREMATION, REMOVAL BURIAL BURIAL  |   | ME OF CEMETERY OR CREMATORY OPPORT              | 23d LOCATION CHYOLOGIAN CONTROL CONTRO |  |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  | 24 FUNERAL DIRECTOR John T. Rhines Co   |   | 10 0 17   | RESOURCE THAN THE MENT   | a place of the special of the specia |

and the state of t

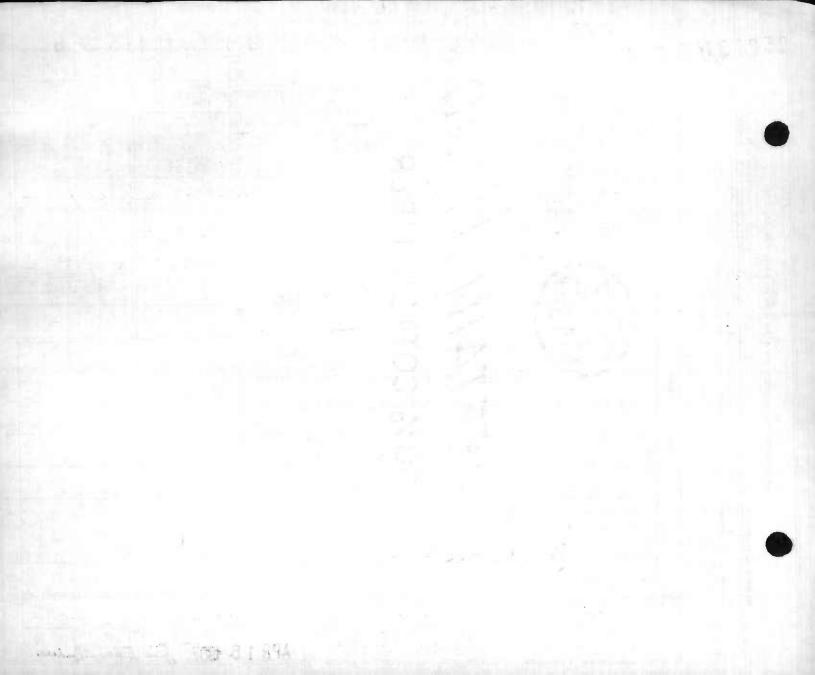
|  |               |   |  | STATE OF MAKTLAND  |   |                                 |
|--|---------------|---|--|--|---|---------------------------------|
|  | 1-            | FOR<br>STATE  | DEPAR                                  | TMENT OF HEALTH AND MENTAL HY                            | GIENE   | -1.                             |
|  |               | REGISTRAR   |  | CERTIFICATE OF DEATH                                     | REG. NO.                                      | 274                             |
| 4. m.e   |               | CEASED NAME FIRST   | MIDDLE                                 | P a  | 20 DATE OF DEATH MONTH D                      | TO THOUS O                      |
| 468  |               | FRANC   | es L.                                  | PANKS  | 4 2   | 8 97 2 P. MM                    |
| - 40 Di  | 3. SE         |   | RACE                                   | 5. DATE OF BIRTH MONTH DAY YEAR                          |   | IF UNDER I YEAR IF UNDER 24 HRS |
| oge<br>ours o  | 3 01          | temale  | BIACK                                  | 11 15 08   | 9 BALTIMORE CITY OR COUNTY                    | OF DEATH                        |
| th Po  |               | RTHPLACE (STATE OR FOREIGN 71   | CITIZEN OF WHAT COUNTR                 | TRY  |   |                                 |
| deoth deoth  | 10.01         | TY OR TOWN OF DEATH   | 1. NAME OF HOSPITAL NUR                | WIDOWED DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION | 170 USUAL OCCUPATION                          | 126 KIND OF BUSINESS OR         |
| of the   | 0             | I OF DO   |  | EET ADDRESS)   | (TYPE OF WORK FOR MOST OF WORKING LIFE        |                                 |
| n by<br>file   | DI            | AL RESIDENCE JIF NURSING HOME OR O                                    | SUBULY DI                              | ORF ADMISSIONS   | Houseware                                     |                                 |
| filled i   | 130 9         | STATE Ma. 136 SOUNT   |  | DWN 13d INSIDE CITY LIMITS? YES NO                       | 130 STREET ADDRESS / ZIP CODE 7801 SCO / HANG | 1Dr. 0854                       |
| athir  | 14. FA        | THER'S NAME FIRST MI  | DONE DAST                              | 15. MOTHER'S MAIDEN NA                                   | ME / MIDDLE                                   | IASI                            |
| ed wind and a second   |               | SINC  | PAIR BU                                | Rley Edn   | A HARPER                                      |                                 |
| xecut<br>nd co<br>ges 1  |               | VAS DECEASED EVER IN U.S. ARM<br>YES, NO OR JINKNOWN) (IF YES, GIVE Y | ED FORCES? 166 SOCIAL SE               | CURITY NO. 17 INFORMANT                                  | i ADDRESS 003                                 | Weber DR.                       |
| Page en  |               | NO  | 213-44                                 | -4828 DONALD TA  | mer son Top                                   | t. Hats Md.                     |
| hysicio<br>poperior<br>nt, th  |               | 18 CAUSE OF DEATH (Enter only<br>PART I. DEATH WAS CAUSED             | ane cause per line for (a), (b),       | /  |   | BETWEEN ONSET AND DEATH         |
| on o b   |               | IMMEDIATE   |  | c ARREVT.  |   |                                 |
| e deoth ce<br>mave corb<br>notion, or r<br>troumotic   |               |   | DUE TO, OR AS A CONSEC                 |  |   |                                 |
| a dec  | 3/4           | Conditions, if ony, which   | ( 16) acute m                          | yo (andial infarction                                    | · Club  |                                 |
| d by the<br>lease rer<br>iol, crem<br>or other   |               | cause (a), stating the underlying cause lost.                         | DUE TO, OR AS A CONSEC                 |  | (middlecretery).                              |                                 |
|  |               | PART 2 OTHER SIGNIFICANT CO   | 10                                     | O DEATH BUT NOT RELATED TO THE TERM                      | AINAL DISEASE OF CONDITION GIVE               | EN IN PART Lie                  |
| quire<br>sign<br>Then f<br>to bu<br>njury,   | Z             | TANTE OTHER SIGNIFICANT CO  | NOTIFICIAL CONTRIBUTION                | OBEAN: OF HOT KEEPED TO THE TERM                         | WINTER DISEASE ON CONTINUIN SIVE              | DADALAM ING                     |
| been mit. I prior  | CERTIFICATION | 190 DATE OF OPERATION   | 196 CONDITION FOR WHI                  | CH OPERATION WAS PERFORMED                               | 20a AUTOPSY? 20b IF YES                       | , WERE FINDINGS USED            |
| ne ne ne   | TIFIC         |   |  |  | YES NO YES                                    | YING CAUSES OF DEATH?           |
| N: The hysicion repair (Hygie)   | CER           | 210. ACCIDENT WAS UNDERLYING  | 216. TIME OF INJURY<br>HOUR A.M. MONTH | 21c HOW INJURY OCCUR                                     | RED (ENTER NATURE OF INJURY IN ITEM 18 PA     | ART I OR PART 2)                |
| KCIA<br>9 pł<br>ertifi<br>nol-tr   | CAL           | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)    | P.M.                                   | 19   |   |                                 |
| PHYS<br>ndin<br>this c<br>d Me   | MEDICAL       | 21d INJURY OCCURRED   | 21e PLACE OF INJURY                    | 211 LOCATION   | CITY OR FOWN                                  | COUNTY STATE                    |
| often the strength of the stre | >             | AT WORK NOT WHILE   |  |  |   |                                 |
| ATTENDING sspitol or off   | 18            | 220.1 certify that (I) (this hospita                                  | l) ottended the deceased from          | 1/4/   | , to  | 19 that (1) (we) last           |
| Spite<br>Spite<br>CTO<br>d for<br>n 21   |               | sow the deceased alive on abave, (1) (we) (did) (did nat)             | view the bady after death              |  | death accurred on the date and haur           |                                 |
| the horner the horner to DIRE  | 100           | 22b. SIGNATURE  | Turne.                                 | DEGREE<br>ATTENDING                                      | MEDICAL STAFF                                 | 224 DATE SIGNED                 |
| ITAL<br>by th<br>RAL<br>State<br>State   |               | 22d. PHYSICIAN'S NAME (TYPE OR  | sylling.                               | PHYSICIAN  | DIRECTOR PHYSICIAN                            |                                 |
| TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the State I IMPORTANT: IF   |               | 1.  | TAKHAB, m.D                            |  | e Blud Rockville M                            | 11). 20854_                     |
| Off Off Mark   | 23o E         | BURIAL, CREMATION, REMOVAL  | 23b DATE 23                            | NAME OF CEMETERY OR CREMATORY                            | 23d LOCATION                                  |                                 |
| BP   |               | Burial  | 5-4-87                                 | Lincoln Park Cem.  | . Rockville,                                  | Montg. MD                       |
| DHMH - 16 60M 7/84   |               | UNERAL DIRECTOR   |  | abiliting com be   | TE REC'D BY REGISTRAR 756 REGISTE             | P . M                           |
| (VRA 15, 4)  |               | George R. Sno   | wden Rockvi                            | lle, MD20850 MA  | (01 1987 Julia                                | Danger Borgust                  |
|  |               |   |  |  |   |                                 |

WOOTE LONGKY To amorth & Leave & Police Com P. B. L. Holl Had

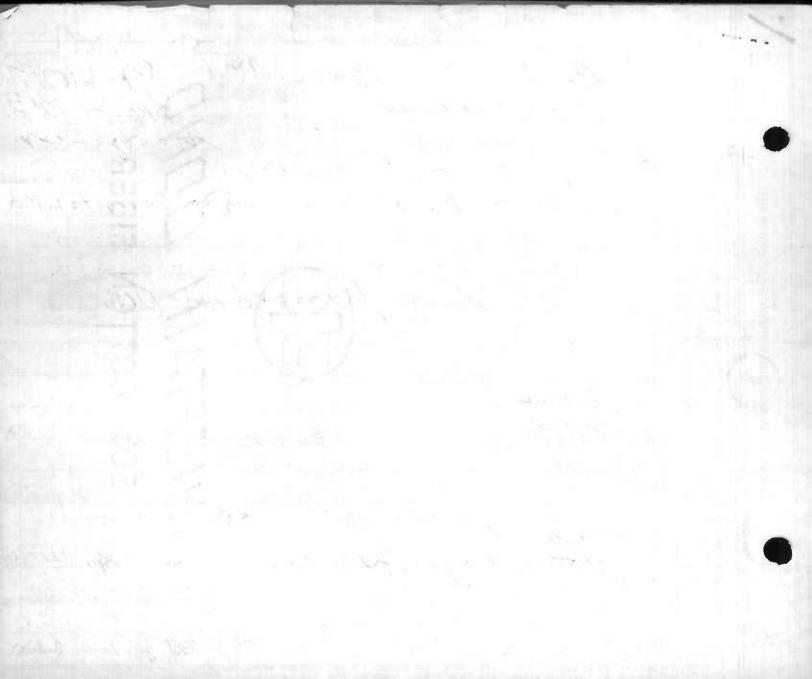
|   |  | #20 FILM G by STEET KAM STATE OF MARYLAND        |   |   |  |                               |                          |                             |                        |                |
|---|--|--|---|---|--|-------------------------------|--------------------------|-----------------------------|------------------------|----------------|
|   |  | 1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE |   |   |  |                               |                          |                             |                        |                |
|   |  |  | REGISTRAR   | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. |  |                               |                          |                             | 1 4                    |                |
| 5250                                      | 2 HAY -  |  | FIRST PRINT                                       |   | WIDDLE                                 | LAST                          | 20. DATE<br>OF           | KNOWN MONTH                 | DAY YEAR               | R 2b HOUR      |
| 22 %                                      | ES. JRS<br>JRS<br>ET,  | -  |   | n   | 132                                    | Vasch                         | DEATH                    | MATED TOVI                  | 30,190                 | 1 00 M         |
| ECTE                                      | R FILES.<br>HOURS<br>STREET,                                 | 3. SEX   | 4. RACE   | 5. DATE OF BIRTH                                | YEAR LAST BIRTHDAY) MON                | INDER I YR. IF UNDER          | 24 HRS. 2c. DATE         | MONTH                       | DAY YES                | " 12 4 4 P.B"  |
| RY, P                                     | 00.72<br>0N  |  | F. W  | Telflo  | 28 PJ YRS.                             | INIO DATO   NOOKS             | DEAL                     |                             | 20,196                 | 1 X W          |
| SSA                                       | Y Z Z  |  | RTHPLACE (STATE OR REIGN COUNTRY)                 | Th CITIZEN OF WI                                | HALLOUNTRY? 8 MARE                     | RIED NEVER MARRI              | ED 7 BALTIA              | AORE CITY OR COUN           | TY OF DEATH            | 0              |
| 무막  | 5部)  |  | New Jersey  | u.s.  |  | A.                            | ED O                     | linte                       | 10 me                  | -VY MD         |
| 1   | WEZ O  | 10. CI   | TY OR TOWN OF DEATH                               | 11. NAME OF HOS                                 | SPITAL, NURSING HOME, OR OT            | HER INSTITUTION               | 12a USUAL OCCU           |                             | 12b KIND OF<br>OR INDU | BUSINESS       |
| 30  | 3 65 0   |  | John Page   | 6/0   | 4/ CYDER A                             | 11000                         | Homemak                  | 2er                         | Home                   |                |
| 200                                       | Yes T  | M5UA<br>Un S                                     | L RESIDENCE (IF IN WARSINGHOM                     | OR OTHER INSTITUTION, GI                        | RESIDENCE BEFORE ADMISSION)            | has were consumer             |                          |                             |                        |                |
| 21201<br>AND                              | 198  |  |   | tgomery   | Rockville                              | YES X NO                      | 6121                     | Montrose                    | Road                   | 120852         |
| MD.                                       | - 24   |  | THER'S NAME                                       |   |  | 15. MOTHER'S MAIDE            | NNAME                    |                             |                        |                |
|   | 151  | M.   | O TT is   | MIDDLE  | Yablonsky                              | Fannie                        | '                        | MIDDLE                      | known)                 |                |
| AON WATER                                 |  | 16a V  | AS DECEASED EVER IN U.S. A                        |   | 166 SOCIAL SECURITY NO.                | 17. INFORMANT                 |                          | ADDRESS ROC                 | kville,                | Md.            |
| BALTIMORE,<br>S AFTER DEA<br>GIVE PAGES   | Signal /   | N N  |   | E WAR OR DATES)                                 | 119-09-5120                            | Doris Mils                    | len:Daugh                | ter; 4806 A                 | rbutus                 | Avenue         |
| 2 80                                      | PAN /  |  | 18 CAUSE OF DEATH (Enter of                       | inly one cours per line                         |  | 10.000                        | -                        |                             |                        | AATE INTERVAL  |
| ST.                                       | SEA.   |  | PART I DE ATH WAS CAUS                            | ED BY:  | Para (d)                               |                               | En. 6                    | . / .                       | BETWEEN ON             | NSET AND DEATH |
| NO WE                                     | SER SE   | 7  | 888 IMMEDI  | ATE CAUSE (a)                                   | AS A CONSEQUENCE OF                    | Navy                          | 0                        | 8/14)                       |                        |                |
| S 22                                      | ENCE A   |  | Canditions, if any, which                         |   | Full                                   | R1                            | 11.3                     |                             | 10                     | 1-             |
| A. P. | A S S S S S S S S S S S S S S S S S S S                      | 13   | gave rise to immediate cause (a) stating the unde |   | AS A CONSEQUENCE OF                    | 10,                           | 416                      |                             | 10                     | Cy ji          |
| VIO BEN                                   | ZAZZ   | 199  | lying cause last.                                 | DOC 10, OK                                      | AS A CONSCOULACE OF                    |                               |                          |                             | 7 4 3 5                |                |
| 2. Bi                                     | 3500   |  | PART 2 DINER CICNICICANT COMPITION                | (c)   | BUT NOT RELATED TO THE TERMINAL DISEA  |                               |                          |                             |                        |                |
| O NO                                      | SET S  | z  | 4 / 13-   | A CONTRIBUTION TO DEATH                         | ant unt retraten in the lerwinal hizer | ISE OR CONDITION GIVEN IN PAR | (1 1 1 a                 |                             |                        |                |
| RECORDS.  ID BE EXER                      | EF MEDICAL EN<br>ED AS A BURIN<br>HEALTH AND<br>AL CREMATION | CERTIFICATION                                    | 19g. DATE OF OPERATION                            | TION CONDU                                      | TION FOR WHICH OPERATION V             | MAS PEDEODMEDS                |                          |                             | 20 AUTOPS              | cv2            |
| ₹ 5°                                      | HIEF /   | Š.   | 400   | P - B   | - Lucie O                              | 1 6 S                         |                          |                             | 1000                   |                |
| VIT VIT                                   | C 8 - 8 -  | Ē  | 210 EXTERNAL CAUSE WAS                            | 216 TIME OF                                     | FINJURY TRICE                          | OW INJURY OCCURRE             | D (FAITED ALLTHOS OF II) |                             | 1 YES                  | S mode         |
| F S E                                     | 王马来的   |  | UNDERLYING TOR                                    | HOUR A.M  | MONTH DAY YEAR                         | TOW INJURY OCCURRED           | D (ENTER NATURE OF IN    | JURY IN ITEM 18 PART ) OR P | ART 2)                 |                |
| O TIE                                     | DED TO<br>1 PRORTA   | MEDICAL  | CONTRIBUTING CAUSE OF                             | DEATH P.M                                       |  | DCATION /                     | 2 16                     | ne                          |                        |                |
| DIVISION<br>S CERTIFIC<br>RITING TH       | ARDED TO<br>GE 3 SHOUTE<br>TE DEPART<br>201 PRIOR            | W W  | MANUE   |   |  | STREET .                      | CATY OR TO               | OWN, CO                     | OUNTY /                | STATE          |
| I SIE                                     | STATE<br>212   |  | AT WORK AT WORK                                   | -   | tome the                               | EXEGUSE CO                    | Kockus                   | lle Mo                      | 256                    | Man            |
| ATE,                                      | O RELIGIO  |  | 22a I certify that I taak cha                     | rge af the remains des                          | cribed abave, held an Auta             | psy . Inspection              | Inquiry                  | and in my o                 | ipinian                |                |
| WIN                                       | MECTO<br>WITH TH<br>ARTS AN                                  | 10   | death resulted fram: Nat                          | ural causes .                                   | Areidents Suicide                      | , Hamicide .                  | Undetermined m           | anner .                     |                        |                |
| E S                                       |  |  |   | 00/0  |  | TITLE (SPECIFY)               |                          |                             | 1.                     |                |
| Z H                                       | GE 4 SHOULD FUNERAL DIRECTER DEATH, WITHOUSE, MARK           |  | ACTUAL<br>SIGNATURE                               | 201   | sec 1                                  | M.D. Deg                      | MEDICAL EXAM             | MINER DATE                  | 1812 y/                | 1987           |
| 900                                       | A SHORE  |  | EY AMINED MAME                                    | , v   |  |                               |                          |                             | - / /                  |                |
| M D                                       | PAGE<br>AFTER<br>BAUTIN                                      |  | EXAMINERS MAME<br>(TYPE ORDRINT)                  |   |  | ADDRESS                       |                          |                             |                        |                |
| 58  | PAC PAC  | 230 BI   | JRIAL, CREMATION, REMOVAL                         | 23b. DATE                                       | 23c. NAME OF CEMETERY                  |                               | 23d. LOCATION            | co                          | UNTY                   | STATE          |
| 07/84 BP                                  |  | E  | Surial  | 5/3/87  | King David N                           |                               | Falls C                  | hurch; Fai                  | rhax; l                | Ja.            |
| 25M DH                                    | HMH - 17   | 24. FI   | INERAL DIRECTOPDANZAN                             | SKY-GOLDBE                                      | ERG MEMORIAL CHA                       | APELS 250 DATER               | REC'D BY REGISTRA        | AR 256 REGISTRAR'S          |                        | N/L            |
| (VR A                                     | A15 ME (5))  | 11   | 70 Rockville P                                    | ike; Rocki                                      | ville, Md. 20852                       | 2 MAY                         | 5 1987                   | 4                           |                        |                |



| 7           |   | Ite           | FOR   |                               | ., G-627, by                     | Med. E            |                 | OF MAR            | YLAND<br>ID MENTA  | LHYGIEN       | E                       |                      |               |               |
|-------------|---|---------------|---|-------------------------------|----------------------------------|-------------------|-----------------|-------------------|--------------------|---------------|-------------------------|----------------------|---------------|---------------|
| 7           | 0.7.0.44  | 1-            | STATE 5/1                                     | 3/87, Gbj                     |                                  |                   | XAMINE          |                   | TIFICATE           |               | THE .                   | G. NO                | 0 4           |               |
| 05          | 0/24/11   | T, DE         | EASED NAME                                    | FIRST                         |                                  | MIDDLE            |                 | LAST              |                    |               | 20 DATE KNOV            | NN X MONTH           | DAY YEAR      | 26 HOUR       |
|             | 2000年2000年  | [177          | CADK PHINE)                                   | Larry                         | E                                | lugene            |                 | Bar               | nes                | 12.44         | OF ESTI                 | ED 0 4/              | 10/1987       | M             |
|             | AND PARTY.  | 3. SEX        |   | RACE                          | 5. DATE OF BIRTH                 | YEAR              | AGE (IN YEAR    |                   | TYR. IF UNE        |               | 2. DATE<br>PRONOUNCED   | MÖNTH                | DAY YEAR      | 26 HOUR<br>25 |
|             | ON ON   | 1             |   | Black                         | Nov. 3,                          |                   | 37 YRS          |                   | 1100110            |               | DEAD                    | 4/                   | 10/19 87      |               |
|             | T CEEPERA   | TO            | RTHPLACE (STA<br>REISON COUNTRY)<br>Mary Land |                               | 76. CITIZEN OF WE                | HAT COUNTI        |                 |                   | NEVER MA           | ARRIED        | 9. BALTIMORE C          | _                    |               |               |
|             | N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   | 10            | TY OR TOWN O                                  |                               | II NAME OF HOS                   | PITAL NURS        |                 | OR OTHER IN       |                    | DRCED XX      |                         | Mery Co              | unty,         | MD.           |
|             | PARAME 5  |               |   |                               | (IF NOT IN SUCH FA               | CILITY, GIVE STRI | EET ADDRESS)    |                   | .5111011011        | FORM          | ost of working LIF      | FE)                  | OR INDUSTE    | tY            |
| -           | NEW YORK  |               |   | IN NURSING HOME               | Shady Grother Institution, Gr    | VE RESIDENCE BE   | FORE ADMISSION  | 1)                |                    |               |                         |                      |               |               |
| 2130        | A PROCESS   | 134.5         | Md  | Monto                         | <b>j.</b>                        | Gaith             | nersbur         |                   | INSIDE CITY LIMITS | 172           | 230 King                | James 1              | Way / 20      | 877           |
| MD.         | HANNE   | 14. FA        | THER'S NAME                                   |                               | MIDOLE                           | I.A.              | ST              | 15. /             | MOTHER'S MA        | AIDEN NAME    | MIDDLE                  |                      | LAST          |               |
| ORE.        | S S S S S S S S S S S S S S S S S S S   |               |   |                               | Barnes, Sr                       |                   |                 |                   |                    | rances        | R. Fis                  |                      |               |               |
| TUM         | HANNE /   |               | YAS DECEASED<br>S. NO. OR UNKNOW<br>Yes       |                               | MED FORCES? WAR OR DATES) Letnam |                   | 60-9646         | /                 | NFORMANT           | Davason       |                         | DRESS                | #12           |               |
| ¥           | MITH<br>PAC<br>DIVIS  |               |   |                               | nly one cause per line           |                   |                 | TI                | Lauçes             | Darnes        | (mothe:                 | r) same              | APPROXIMATE   | INTERVAL      |
| Ti.         | HOUNTEN THOU  |               | PART I DE A                                   | TH WAS CAUSE                  | D BY:                            |                   |                 | ua unto           | xication           |               |                         |                      | BETWEEN ONSET | AND DEATH     |
| 1012        | ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:   |               | 7000  | IMMEDIA                       | TE CHOSE (V)                     |                   | EQUENCE OF      |                   |                    |               |                         |                      |               | 34 -          |
| 200         | A A SA   |               |   | if any, which<br>to immediate |                                  |                   |                 |                   |                    |               |                         |                      |               |               |
| *           | ED W  | 1             | couse (o) s<br>lying cause                    | lating the <u>under</u> last. | DUE TO, OR                       | AS A CONS         | EQUENCE OF      |                   |                    |               |                         |                      |               |               |
| 8, 26       | AND   | 1             | BART 4 ATHER CICK                             | IEICENT CONDITIONS            | (c)                              | But hat me at     | D TO THE TERM   |                   |                    |               |                         |                      |               |               |
| ONO         | AND THE   | K             | PART 2 DITTER STOR                            | IFICANT CONDITION:            | CONTRIBUTING TO GEATH            | OU NUI KELAIE     | NIMENT SHI UT U | AL DISEASE UK C   | ONGITION GIVEN I   | N PARI 1 Id   |                         |                      |               |               |
| 186         | 944407  | CERTIFICATION | 19a DATE OF C                                 | PERATION                      | 196 CONDIT                       | TION FOR W        | HICH OPERA      | TION WAS P        | ERFORMED?          |               |                         |                      | 20 AUTOPSY    | ,             |
| ATA.        | SHOW SHOW   | TIFE          | 1   |                               |                                  |                   | 3.55            |                   |                    |               |                         |                      | YES 🖈         | NO [          |
| 6           | CERTIFICATE SHOW<br>RITING THE WORD<br>DEED TO THE CHE<br>E 3 SHOULD BE USE<br>E DEPARTMENT OF                                      |               | 210 EXTERNAL                                  |                               | 21b. TIME OF<br>HOUR A.M         | MONTH [           | DAY YEAR        | 21c. HOW II       | NJURY OCCU         | RRED (ENTER N | NATURE OF INJURY IN     | ITEM 18 PART 1 OR PA | ART 2)        |               |
| DIVISION OF | IIS CERTIFICATE WRITING THE WARDED TO THE CGE 3 SHOULD VIE DEPARTMENT 201 PRIOR TO  | MEDICAL       | CONTRIBUTING                                  | OR CAUSE OF                   |                                  | OF INJURY         | 10 1987         | Subject 11 LOCATE | ct used            | drugs.        |                         |                      |               |               |
| DIVIE       | S CER<br>REITIN<br>RDED<br>RDED<br>RDED<br>RDED<br>RDED<br>RDED<br>RDED<br>RDE  | ME            | WHILE AT WORK                                 |                               | STREET, FACT                     | ORY, FARM, ETC    | (A) HOME,       | STREET            |                    |               | CITY OR TOWN            |                      | DUNTY         | STATE         |
|             | 12299-  |               |   | 7.                            |                                  |                   |                 |                   | King Jam           |               |                         | burg, Mor            |               | Md.           |
|             | AND STATES  |               | deoth resulted                                |                               | ge of the remains des            | Accident [        | e, held on      | Autopsy           | A. Inspec          |               | Inquiry, ermined manner | ond in my o          | pinion        |               |
|             | XAA<br>ERTII<br>ID B<br>JIREC<br>WITH   |               | 55446544                                      | 1                             |                                  |                   |                 |                   | ITLE (SPECIFY      |               |                         |                      |               |               |
|             | K K K K   |               | ACTUAL<br>SIGNATURE_                          | 1/00                          | 7                                | X                 | _               | M.D.D             | eputy              | Chiexten      | ICAL EXAMINER           | DATE                 | ED 4/12       | /87           |
|             | MEDIC<br>WINNER<br>WOOL   |               | EXAMINER'S N                                  | AME                           | Ann M. D.                        | ivon              | M D             | THE STATE         | . 1                | ll Pen        | n St                    |                      |               |               |
|             | TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STERD BALTIMORE, MARYLAND, 2 | 23a, BI       | TYPE OR PRINT                                 |                               |                                  |                   | AME OF CEMI     | TERY OR CR        | WE33               | [23d, LO      | CATION                  |                      |               |               |
| 07/B4       | BR5 65  | (5            | Buri  |                               | 4-16-87                          |                   | Zion            |                   |                    | CITY          | ORTOWN                  | , Monta              | . Maryla      | nd            |
| 25M         | DHMH - 17   |               | JNERAL DIRECT                                 |                               | ADDRE 2                          | 46 N.             | Washir          | aton S            | St. 250. DA        |               | REGISTRAR 25h           |                      |               |               |
|             | (VR A15 ME (5))   | G             | eorge R                                       | . Snowde                      | en Ro                            | ckvil.            | le, MD          | 20850             | AF                 | PR 16         | 1987                    | Julia Device         | don Randas    | 4             |



| 16/             |  |                | FOR  |                     | -                  | STA<br>DEPARTMENT OF      | ATE OF A      | ARYLAND                   | HYCIENE             |                        |                 | - 26              |
|-----------------|--|----------------|--|---------------------|--------------------|---------------------------|---------------|---------------------------|---------------------|------------------------|-----------------|-------------------|
| 10              |  | 13-            | STATE  |                     |                    | DICAL EXAMI               |               |                           |                     | 0. 1                   | 1 52/           |                   |
|                 | 1 0 0 7  |                | REGISTRAR<br>CEASED NAME   | FIRST               | MEL                | MIDDLE                    | VEK 3         | EKTIFICATE                | OF DEATH &          | REG. NO.               | 1 3 1           | 12 12 11011       |
| 03              | 10711  |                | E OR PRINT)  | 2 /                 |                    | n                         | 12            | - 1                       | / 15 " OF           | ESTI-<br>MATED         | 1 - 1 - 1       | - 800             |
|                 | LEASE<br>CTOR.<br>FILES.<br>OURS<br>IREET,   |                | 10   | 221                 | (                  | 1                         | 100           | レントハ                      | -                   |                        | DNITH           | 1110              |
|                 | SECR   | 3 SEX          | E RAG  | NO MO               | ATE OF BRITH       | 6 AGE (IN )               | DAY) MONT     |                           | R 24 HRS. 2L DAT    |                        | 110             | - TYAKROO         |
|                 | FEBRA .  |                | ale  | casian              | 0620               | 47 44                     | YRS.          |                           | DEA                 | 110                    | - e / 1/ 19 f   | 1 81              |
|                 | SES OF EN  | 7a BI          | RTHPLACE (STATE OR REIGN COUNTRY)  | 76. C               | TIZEN OF WH        | AT COUNTRY?               | 8 MARR        | ED NEVER MAR              | RIED - 9 BALTI      | MORE CITY OR C         | County OF DEATH | 1 0               |
|                 | ANT 1  | N              | ew York  |                     | Inited S           |                           | WIDOW         |                           |                     | nont                   | \$0 me          | M                 |
|                 | 1985   | 10 CI          | TY OR TOWN OF DEA  | ATH II. N           |                    | PITAL, NURSING HOA        | AE, OR OTH    | ER INSTITUTION            | 12a. USUĀL OCCI     | UPATION (TYPE OF )     | OR INDU         | BUSINESS<br>USTRY |
|                 | ADS CO   |                | 1 (ne  | ·Y                  | 40.                | no, o                     | ens           | ENS/HE                    | Manag               | er                     | Electr          | icPowe            |
| 5               | 1 CEEEE  | USUA<br>13a. S | L RESIDENCE (IF IN NU  | IRY NG HOME OR OTHE | R INSTITUTION, GIV | E RESIDENCE BEFORE ADMIS  | SION) Y/      | 113d INSIDE CITY LIMITS?  | 13 STREET ADDI      | RESS A                 | , 208           | 53 _ 1            |
| 22              | \$3m502  |                | 11.2   | MOY                 | 28,                | KovKu                     | 1111          | YES NO [                  | 1488)               | Lav                    | rolton          | a Rd              |
| MD.             | サイカルラーノ  | 14. F/         | THER'S NAME  | MIDE                | DIE.               | LAST                      |               | 15 MOTHER'S MAIL          | DEN NAME            | MIDDLE                 | LAST            |                   |
| 2               | / CESTER   | 0              | liver  | Pau                 |                    | Barnhill                  |               | Paquita                   |                     | MIDDLE                 | Sotomayo        | r                 |
| NO.             | STATE OF THE PERSON AND THE PERSON A | 16a. V         | VAS DECEASED EVER  | IN U.S. ARMED F     | ORCES?             | 166. SOCIAL SECURI        | ITY NO.       | 17 INFORMANT              | 5-7-5-1             | ADDRESS                | 2000            |                   |
| 5               | SO SO  | - (4           | Yes  | Vietnam             |                    | 079-34-4                  | 734           | Margaret                  | M. Barnh            | ill Sam                | e as # 13       | 1                 |
| 2               | SEE S  |                | 18 CAUSE OF DEAT   |                     |                    |                           | 1             | , .a.r.garoc              | / Dazini            | · ·                    | APPROXIM        | MATE INTERVAL     |
| 15              | NE SERVICE   |                | PART I DEATH W   | AS CAUSED BY:       |                    | Cuto.                     | M             | 7002                      | 101/2               | 1 111                  | BETWEENO        | INSET AND DEATH   |
| ō               | SVA  |                |  | IMMEDIATE CA        |                    | AS A CONSEQUENCE          | OF            |                           |                     | 1                      | Y-/-            |                   |
| 888             | E SERVE  |                | Canditions, if a   |                     |                    |                           |               |                           |                     |                        |                 |                   |
| N               | OR A DEA   |                | gave rise to cause (a) stating   |                     | (b)<br>DUE TO, OR  | AS A CONSEQUENCE          | OF            |                           |                     |                        |                 |                   |
| 18              | N. A. A.   |                | lying cause last.  |                     | (-)                |                           |               |                           |                     |                        |                 |                   |
| ( Se            | ATIO   |                | PART 2 OTNER SIGNIFICAN  | T CONDITIONS CONTRI | BUTING TO OFATN B  | UT NOT RELATED TO THE TER | PMINAL DISEAS | F OF CONDITION GIVEN IN I | PAPI 1 (n)          |                        |                 |                   |
| 18              | PER BE BY WED BY | N              | 11   | 10                  |                    |                           |               |                           | AN, 7 (8)           |                        |                 |                   |
| M. M.           | L CHEAT  | A              | No. DANC OF OPERA  | ATION:              | 196 CONDIT         | ION FOR WHICH OPE         | RATION W      | 'AS PERFORMED?            |                     | F-10-                  | 20 AUTOF        | PSY?              |
| TAI             | とおこうのちゃく   | 문              | N  | one                 |                    |                           |               |                           |                     |                        | YES [           | ON C              |
| DIVISION OF VIT |  | CERTIFICATION  | 210 EXTERNAL CAU   | SEWAS               | 216. TIME OF       |                           | 21c. Ho       | OW INJURY OCCURE          | ED (ENTER NATURE OF | INJURY IN ITEM 18 PART |                 | 1 110 12          |
| 0               | FICATE NO THE ACUID THE ACUID OR TO SET ACUID  |                | UNDERLYING CONTRIBUTING  | OR CALLSE OF DEATH  |                    | MONTH DAY YEA             | AR            |                           |                     |                        |                 |                   |
| Si              | EN SHA   | MEDICAL        | 214 INTURY OCCUR   | RED                 |                    | OF INJURY (AT HOME,       | 211 LO        | CATION                    |                     |                        |                 |                   |
| 2               | S CE<br>REDELLE<br>SO F  | E              | WHILE AT WORK AT W   | WHILE               | STREET, FACT       | ORY, FARM, ETC.)          |               | STREET                    | CITY OR T           | OWN                    | COUNTY          | STATE             |
|                 | THI<br>WAN<br>PAC<br>212   |                |  |                     | 1                  |                           |               |                           | T.                  |                        |                 |                   |
|                 | A S S S S S S S S S S S S S S S S S S S  |                | 220. I certify that  | I taak charge of th | he remains desc    | ribed above, held an      | Autop         | sy . Inspect              | on D. Inquir        | y L. and in            | ту аріпіал      |                   |
|                 | ME ME ME   | - 6            | death resulted from  | n: Natural cau      | uses ,             | Accident , S              | ouicide       | , Hamicide L              | Undetermined n      | monner,                |                 |                   |
|                 | WAN WED CER  |                | ACTUAL /   | 10                  | 1                  | -                         | 10            | TITLE (SPECIFY)           |                     |                        | DATE A . 1      | 9,100             |
|                 | SHE SHE  |                | SIGNATURE  | teres.              | 110                | gen                       | 321           | D Hap                     | MEDICAL EXA         | MINER                  | DATE SOLI !     | 4,178             |
|                 | A NOS  |                | EXAMINER'S NAME  | Tohn C              | Panal              | / wn/                     |               | 1010                      | a                   | n.1                    |                 | 3.00              |
|                 | TO MEDICAL EXAMI<br>EXECUTE THE CERTIF<br>PAGE 4 SHOULD BE<br>TO FUNEAL DIREC<br>AFTER DEATH, WITH<br>BALTIMORE, MARYL   |                | (TYPE OR PRINT)  | John S.             |                    | MA                        |               | ADDRESS 1919              |                     |                        | er Spring       | , MD              |
|                 | F M O F < O  | 23e.B          | JRIAL, CREMATION, R  |                     |                    | 23c. NAME OF CI           |               |                           | 23d. LOCATION       |                        | COUNTY          | STATE             |
| 07/84<br>25M    | BP   | 24 5           | Cremati  |                     |                    | 7 Metropol                |               |                           | Alexan              | dria                   |                 | ginia             |
| 8.0771          | DHMH - 17  | Ro             | presentation of the state of th | RobertoA            | W. Pumph           | rey Funera                | 1 Hon         | ne/ 250. DATE             | APR 27              |                        | AR'S SIGNATURE  | andrea?           |
|                 | (VR A15 ME (5))  | Ro             | ckville;   | Maryland            | 20850              | Somery HVC                |               | CU III PO                 |                     | 10                     | 200000          | ,                 |



151182 MA

STATE OF MARYLAND

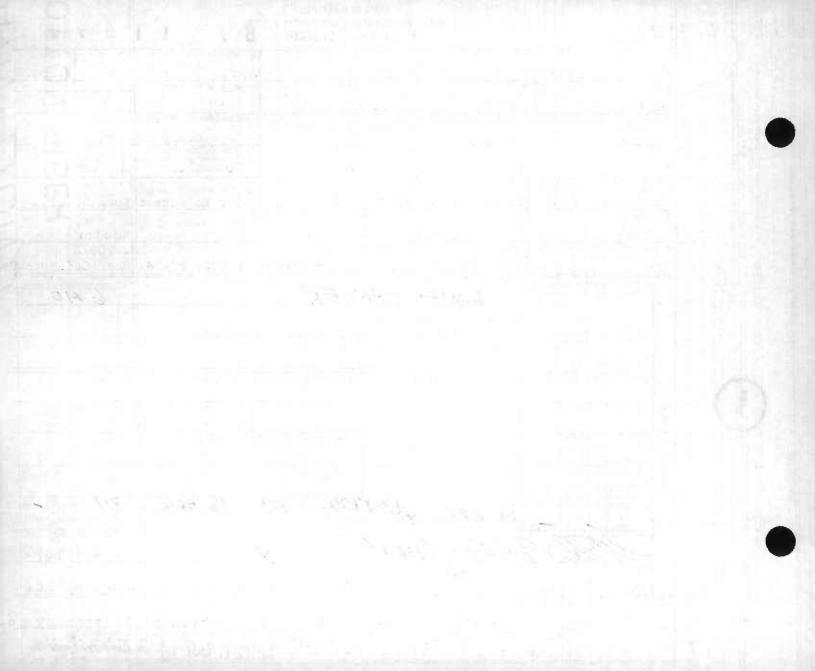
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 REG. NO. 1 5 9

| -  | . 101         | REGISTRAR                               |             |                            |   | CEKTIF           | CATE OF DEATH                 | 0 /          | REG. N            | 0.1              | 2 ,              |                            |
|----|---------------|---|-------------|----------------------------|---|------------------|-------------------------------|--------------|-------------------|------------------|------------------|----------------------------|
|    |               | CEASED NAME                             | FIRST       | TO 15                      | MIDDLE                                  | U                | AST                           | 20. DATE     |                   |                  | DAY YEAR         | 2b. HOUR                   |
|    | (1172         |   | ANNI        | E                          |   | BAR              | .ov                           | Apri         | 11 16,            | 1987             |                  | 8:30a.m                    |
|    | 3. SEX        | X                                       |             | 4 RACE                     |   | 5. DATE O        |                               | 6. AGE (I    | IN YEARS LAST BIR |                  | FUNDER I YEAR    | IF UNDER 24 HRS HOURS MIN. |
|    | Fe            | male                                    |             | White                      |   |                  | 10, 1896                      | 91           | l                 | YRS.             |                  |                            |
| 7  |               | RTHPLACE   STATE OR F                   | OREIGN      | 76. CITIZEN OF             | WHAT COUNTR                             | Y? 8.<br>MARRIEI | NEVER MARRIED                 | 9. BALTIA    | AORE CITY         | OR COUNTY        | OF DEATH         |                            |
|    |               | ssia                                    | 14.3        | U.S.A                      |   | WIDOWE           |                               |              | ntgome            |                  |                  | MD.                        |
| 1  |               | ITY OR TOWN OF DEA                      | TH          |                            | HOSPITAL, NURS<br>CH FACILITY, GIVE STR |                  | OR OTHER INSTITUTION          | TYPE OF W    | ORK FOR MOST      | OF WORKING LIFE  | E) INDUSTRY      | OF BUSINESS OR             |
| /  |               | ckville                                 |             |                            |   |                  | ng Home                       | Hor          | nemake            | r .              | Hor              | ne                         |
| -  | 13a. S        | AL RESIDENCE (IF NURS                   | 136 COU     | VTY                        | 13c. CITY OR TO                         | OWN I            | 134 INSIDE CITY LIMITS?       |              | T ADDRESS         |                  |                  | 986                        |
| )_ | _             | ryland                                  | Mon         | tgomery                    | Silver                                  | Spring           |                               |              | ) Home            | crest            | Road,            | #4017                      |
| 5  |               | ATHER'S NAME<br>FIRST                   |             | MIDDLE                     | LAST                                    |                  | 15. MOTHER'S MAIDEN NA        | WE           | MIDDLE            |                  | LAS              |                            |
| /  |               | Charles VAS DECEASED EVER               | INITE AD    | MED FORCESS                | Abrai                                   |                  | Elka<br>17 INFORMANT          |              | ADDR              |                  | Kaplar           |                            |
|    | (A            | YES, NO OR UNKNOWN)                     |             | E WAR OR DATES)            |   |                  |                               |              |                   | Ma               | 20878            |                            |
| 4  | N             | 0                                       |             |                            | 343-16-                                 |                  | Morton Barov                  | ;Son;        | 3/01 F            | ields            |                  |                            |
|    |               | 18 CAUSE OF DEAT<br>PART I. DEATH W     | H (Enter or | nly ane cause per<br>D BY. | line far (a), (b),                      | and ic           | NICED                         |              |                   |                  |                  | ONSET AND DEATH            |
|    |               |   | IMMEDIA.    | TE CAUSE (0)               | -0100                                   | Cn               | oce,                          |              |                   |                  | 61               | MO                         |
|    |               |   |             | DUE TO, O                  | R AS A CONSEC                           | DUENCE OF        |                               |              |                   |                  |                  |                            |
|    |               | Canditions, if any,<br>gave rise to imm |             | (b)                        |   |                  |                               |              |                   |                  | -                |                            |
|    |               | couse (a), statin<br>underlying cause   |             | DUE TO, O                  | R AS A CONSEC                           | DUENCE OF        |                               |              |                   |                  |                  |                            |
|    |               | BART 2 OTHER SICK                       | HEIC ANIT   | Ic)                        | ONITRIBUTING T                          | O DEATH BUT      | NOT RELATED TO THE TERM       | AINI AL DICE | ASE OR COA        | IDITION ON       | (ENLINE PART )   |                            |
| 1  | Z             | PART 2. OTHER SIGN                      | AILICAIAL   | CONDITIONS C               | ONIKIBUTING I                           | O DEATH BUT      | NOT RELATED TO THE TERM       | MINAL DISE   | ASE OR CON        | DITION GIV       | EN IN PART II    | 0                          |
| 3  | CERTIFICATION | 19a DATE OF OPERA                       | TION        | 196 COND                   | ITION FOR WHI                           | CH OPERATIO      | N WAS PERFORMED               | 200 AL       | JTOPSY?           |                  | , WERE FINDI     |                            |
| 7  | TIFIC         |   |             |                            |   |                  |                               | YEST         | NOT               |                  | YING CAUSES      | OF DEATH?                  |
| 5  | CER           | 210. ACCIDENT WAS UNE                   | _           |                            |   |                  | 21c. HOW INJURY OCCUR         | RED (ENTER   | NATURE OF INJU    | JRY IN ITEM 18 P | ART I OR PART 2) |                            |
| 1  |               | OR CONTRIBUTING (                       |             | NIN .                      | M. MONTH                                | DAY YEAR         |                               |              |                   |                  |                  |                            |
|    | MEDICAL       | 21d INJURY OCCUR                        |             | 21e PLACE                  | OF INJURY                               |                  | 211 LOCATION                  |              | CITY OR TO        | OWN              | COUNTY           | STATE                      |
| Н  | 2             | WHILE NOT WE                            | RK          | (AT HOME, ST               | REET, FACTORY, OFFIC                    | E FARM, ETC ]    | 214551                        |              | CITY OR IC        | ,wix             | CODITY           | SIMIC                      |
|    |               | 220.1 certify that (1)                  | (this hasp  | ital) attended th          | ne deceased from                        | 131              | EB 19 G1                      | Z_, to_      | 16 AP             | 12               | 1987             | that (I) (we lost          |
|    |               | saw the decease<br>abave, (1) (2011) (c | ed alive an | ot) view the body          | after death                             | 87. an           | nd that in (my) (aur) apınıan | death occu   | rred on the d     | ate and have     | and from the     | causes stated              |
|    |               | 226. SIGNATURE                          | 22          | 201                        | 1 -                                     |                  | PEGREE                        |              |                   |                  | 22c. DATE        | SIGNED                     |
|    |               | -Wata                                   | 1           | 24                         | 9V VI                                   | w W              | ATTENDING<br>PHYSICIAN        | MEDICA       | OR PHYSIC         |                  | 4/1              | 16/87                      |
|    |               | 22d. PHYSICIAN'S NA                     | AME (TYPE C | OR PRINTI                  | 0                                       |                  | 22e ADDRESS                   |              |                   |                  |                  | 77-1-1-3:                  |
|    |               | WALTER                                  | GOOZ        | H, M.D                     | . 30                                    |                  | 2309 Shor                     | efiel        | Ld Roa            | ad; W            | heator           | n, Md.                     |
|    | 23a B         | BURIAL, CREMATION,                      | REMOVAL     |                            |   | NAME OF C        | EMETERY OR CREMATORY          | 23d. LO      | CATION            |                  | COUNTY           | STATE                      |
|    |               | urial                                   |             | 4/19                       |   |                  | wn Cemeter                    |              |                   |                  |                  | omery; Md.                 |
|    | 24 FL         | UNERAL DIRECTOR D                       | ANZA        | NSKY-G                     | OLDBER                                  | G MEMO           | RIAL CHPLS                    | TE REC'D. B  | Y REGISTRAR       | 256 REGISTI      | RAR'S SIGNAT     | D. Jane                    |
|    | 1             | 170 Rock                                | vill        | e Pike                     | ; Rockv                                 | ille,            | Md. 20852A                    | PR2(         | 1987              | Gulia            | Designa.         | Course .                   |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

GAIL ANNETTE H 4. RACE

ARUNDEL

MIDDLE ANACLETO TURIANA ORS

> U.S. ARMED FORCES? 1980-1987

CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)\_

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB

220.1 certify that (I) (this haspital) attended the dece

above, (1) (we) (did) (did not) view the body after a

Conditions, if ony, which gave rise to immediate cause (a), stating the

underlying couse

90 DATE OF OPERATION

21d. INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL REMOVAL

276 SIGNATURE

24 FUNERAL DIRECTOR

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

saw the deceased alive an\_

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MARSHALL'S FUNERAL HOME

CERTIFICATION

CAUCASIAN

75 CITIZEN OF WHAT

UNITED STA

NAME OF HOSPIT (IF NOT IN SUCH FACILI

DUE TO, OR AS A

DUE TO, OR AS A

196 CONDITION

216. TIME OF INJU HOUR A.M.

21e PLACE OF INJ AT HOME STREET, FAC

APRIL

23b. DATE

4/30/87

NA

L

00

| 5. DATE OF BIRTH   | APRIL 29 19  | 0/   | 6:48 m  |
|--|--|--|---|
| MONTH DAY YEAR   | 6. AGE (IN YEARS LAST BIRTHDA  |  | EAR IF UNDER 24 HRS   |
| MARCH 29 1958  | 29   | YRS.   | ATS THOURS I MIN.   |
| COUNTRY?   | 9 BALTIMORE CITY OR CO   | DUNTY OF DEATH   | Н   |
| TES WIDOWED DIVORCED   | MONTGOMER  | Y  | MD.   |
| AL, NURSING HOME OR OTHER INSTITUTION  IV, GIVE STREET ADDRESS)  | 12a USUAL OCCUPATION   |  | ID OF BUSINESS OR   |
| VAL HOSPITAL   | NURSE  |  | S.NAVY  |
| HTY OR TOWN 13d. INSIDE CITY LIMITS?   | 13e.STREET ADDRESS / ZII<br>412 LINDA A  |  | 21090   |
| 15. MOTHER'S MAIDEN NA/  | WIDDLE   |  | LAST  |
|  | Y PATRICIA FO  | RTIER  |   |
| OCIAL SECURITY NO. 17 INFORMANT  | ADDRESS  |  |   |
|  | RTH,412 LINDA  | AVENUE,  | LINTHICUM   |
| r (a), (b), and (c), HEIGHTS, MD   | 21090  | BETW   | PROXIMATE INTERVAL  |
| CENSIVE PAPILLARY ADENOCA  | ARCINOMA OF T  | HE UTERU   | S   |
| CONSEQUENCE OF   |  |  |   |
| CONSEQUENCE OF   |  |  |   |
| CONSEQUENCE OF   |  |  |   |
|  | INAL DISEASE OR CONDITION  | ON GIVEN IN PAR  | Thos  |
|  | INAL DISEASE OR CONDITION  | ON GIVEN IN PAR  | Tho   |
| BUTING TO DEATH BUT NOT RELATED TO THE TERM FOR WHICH OPERATION WAS PERFORMED  | 200 AUTOPSY? 201<br>IN   | ON GIVEN IN PAR  b. IF YES, WERE FIN  CERTIFYING CAL  YES  | NDINGS USED   |
| SUTING TO DEATH BUT NOT RELATED TO THE TERM FOR WHICH OPERATION WAS PERFORMED  RY  | 200 AUTOPSY? 20  | b. IF YES, WERE FII<br>CERTIFYING CAU<br>YES [   | NDINGS USED<br>ISES OF DEATH?   |
| FOR WHICH OPERATION WAS PERFORMED  RY RY RONTH DAY YEAR  | 200 AUTOPSY? 201 IN  | b. IF YES, WERE FII<br>CERTIFYING CAU<br>YES [   | NDINGS USED<br>ISES OF DEATH?   |
| SUTING TO DEATH BUT NOT RELATED TO THE TERM FOR WHICH OPERATION WAS PERFORMED  RY  | 200 AUTOPSY? 201 IN  | b. IF YES, WERE FII<br>CERTIFYING CAU<br>YES [   | NDINGS USED SES OF DEATH? NO []   |
| RY ONTH DAY YEAR  19  211. HOW INJURY OCCURE 19  211. LOCATION STREET  | 200 AUTOPSY? 200 IN YES NO X PED (ENTER NATURE OF INJURY IN  | b. IF YES, WERE FII<br>CERTIFYING CAU<br>YES UITEM 18 PART I OR PART   | NDINGS USED SES OF DEATH? NO []   |
| RY ONTH DAY YEAR 19 211 LOCATION STREET 211 LOCATION STREET 212 And 19 21 An | 200 AUTOPSY? 200 IN  YES NO X  ED (ENTER NATURE OF INJURY IN  CITY OR TOWN   | b. IF YES, WERE FII CERTIFYING CAU YES  ITEM 18 PART I OR PART COUNTY  | NDINGS USED SES OF DEATH? NO [] 12)  STATE , that (I) (we) last                                 |
| RY ONTH DAY YEAR 19 211 LOCATION STREET 211 LOCATION STREET 212 And 19 21 An | 200 AUTOPSY? 200 IN  YES NO X  ED (ENTER NATURE OF INJURY IN  CITY OR TOWN   | D. IF YES, WERE FINCE CERTIFYING CALLYES DITEM 18. PART I OR PART COUNTY.  19.87                                 | NDINGS USED SES OF DEATH? NO [] 12)  STATE , that (I) (we) last                                 |
| RY ONTH DAY YEAR 19 URY TORY OFFICE, FARM ETC.)  211 LOCATION STREET  OSED from NOVEMBER 3 19 86 19 87 ond that in (my) (our) aprilian a   | 200 AUTOPSY?  YES NO X  PED (ENTER NATURE OF INJURY IN  CITY OR TOWN  To APRIL 29  death occurred on the date of MEDICAL STAFF   | LEYES, WERE FILE CERTIFYING CAL YES  INTERNITY OF PART COUNTY 19.87  | NDINGS USED ISES OF DEATH? NO []  ( STATE , that (I) (we) last the causes stated                |
| RY SONTH DAY YEAR 19 210. HOW INJURY OCCURR 19 211. LOCATION STREET 212. ADDRESS  SUTTING TO DEATH BUT NOT RELATED TO THE TERM 19 213. LOCATION STREET 214. HOW INJURY OCCURR 19 217. ADDRESS  STREET 275. ADDRESS  ATTENDING PHYSICIAN DECREE   | 200 AUTOPSY?  YES NO X  VED (ENTER NATURE OF INJURY IN  CITY OR TOWN  TO APRIL 29  death occurred on the date of t | LEYES, WERE FILE CERTIFYING CAL YES  INTERNITY OF PART COUNTY 19.87  | NDINGS USED ISES OF DEATH? NO []  17)  STATE , that (I) (we) lost the causes stated  ATE SIGNED |
| SUTING TO DEATH BUT NOT RELATED TO THE TERM FOR WHICH OPERATION WAS PERFORMED  RY IONTH DAY YEAR 19 211. LOCATION STREET  OSED from NOVEMBER 3, 19, 86 219, 87, ond that in (my) (our) opinion of the performance of the perfo | 200 AUTOPSY?  YES NO[X]  VED (ENTER NATURE OF INJURY IN  CITY OR TOWN  TO APRIL 29  death occurred on the date of the courted on  | LIFYES, WERE FIRE CERTIFYING CALLYES   | NDINGS USED ISES OF DEATH? NO []  17)  STATE , that (I) (we) lost the causes stated  ATE SIGNED |
| SUTING TO DEATH BUT NOT RELATED TO THE TERM FOR WHICH OPERATION WAS PERFORMED  RY IONTH DAY YEAR 19 211. LOCATION STREET  OSED from NOVEMBER 3, 19, 86 219, 87, ond that in (my) (our) opinion of the performance of the perfo | 200 AUTOPSY?  YES NO X  EED (ENTER NATURE OF INJURY IN  CITY OR TOWN  APRIL 29  death occurred on the date of the country of t | LIF YES, WERE FILE CERTIFYING CALL YES  LITEM 18, PART I OR PART COUNTY  19.87 and hour and from  22c. D  4-5011 | NDINGS USED ISES OF DEATH? NO []  12)  STATE , that (I) (we) lost the causes stated  ATE SIGNED |
| RY CONTRELATED TO THE TERM TO  | 200 AUTOPSY?  YES NO[X]  NO[X]  NO[X]  PED (ENTER NATURE OF INJURY IN  CITY OR TOWN  APRIL 29  death occurred on the date of t | LIF YES, WERE FILE CERTIFYING CALL YES  LITEM 18, PART I OR PART COUNTY  19.87 and hour and from  22c. D  4-5011 | NDINGS USED ISES OF DEATH? NO []  17)  STATE , that (I) (we) lost the causes stated  ATE SIGNED |

REG. NO 20 DATE OF DEATH MONTH

DAY

YEAR

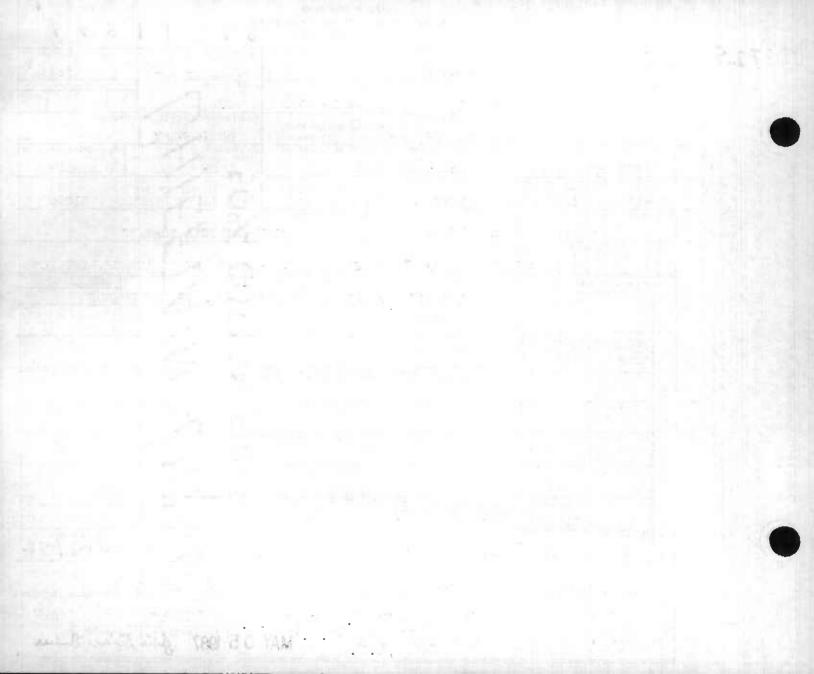
26 HOUR

FOR - STATE REGISTRAR 1: DECEASED NAME TYPEOR PRINT! 3 SEX FEMALE TO BIRTHPLACE (STATE OR FOREIGN COUNTRY MAINE CITY OR TOWN OF DEATH BETHESDA USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RES 130. STATE 136. C 130. STATE MARYLAND ATHER'S NAME WAS DECEASED EVER YES

prior De uriol-transit tould be detached for use as the State Dept. of Health MPORTANT: If he FUNERAL BP.

(VRA 15, 4)

DHMH - 16 60M 7/84



|   | 1             |  |  | STATE OF MARYLAND                        |  |  |
|---|---------------|--|--|--|--|--|
|   | 1             | FOR<br>STATE                                       | DEPART   | MENT OF HEALTH AND MENTAL HYG            | EIENE                                  | 180  |
|   |               | REGISTRAR  |  | CERTIFICATE OF DEATH                     | 8 / REG. NO.                           | 0 0 0  |
| 5 APR -7                                |               | CEASED NAME FIRST                                  | MIDDLE   | LAST                                     | 20 DATE OF DEATH MONTH                 | DAY YEAR 25 HOUR                             |
| ay be<br>oge 3<br>death                 | TITPE         | Ber  | tha E.   | Barru                                    | April 2                                | 198 5:25p M                                  |
| may b                                   | 3 SEX         |  | 4 RACE   | 5. DATE OF BIRTH                         | 6 AGE (IN YEARS LAST BIRTHDAY)         | MONTHS DAYS HOURS MIN.                       |
| saft                                    |               | Female   | Caucasion  | NOV. 7 1902                              | 84 YRS                                 | MONTHS DATS HOURS MIN.                       |
| 1000                                    | 7a B1         | RTHPLACE (STATE OR FOREIGN                         | Th CITIZEN OF WHAT COUNTRY   | 2 4                                      | 9 BALTIMORE CITY OR COUNTY             | OF DEATH                                     |
| BE /6 /                                 | (             | Poland   | U.S.A.   | MARRIED NEVER MARRIED WIDOWED DIVORCED X | Montgomery                             | MD.  |
| 1124                                    | 10 CI         |  | 11. NAME OF HOSPITAL, NURS   | NG HOME OR OTHER INSTITUTION             | 12a USUAL OCCUPATION                   | 126 KIND OF BUSINESS OR                      |
| 1/                                      |               | Bethesda   | Canning of Hill  | Ll of Bethesda                           | Homemaker.                             | FE) INDUSTRY                                 |
| 11                                      | USU           | AL RESIDENCE (IF NURSING HOME OR                   | OTHER INSTITUTION, GIVE RESIDENCE BEFO   | RE ADMISSION)                            |  | 202711                                       |
| 33 8                                    | 130. 5        | Maryland Mon                                       | tgomery Germo  | NN 13d INSIDE CITY LIMITS?               | 13e.STREET ADDRESS / ZIP CODI          |  |
| 12                                      | 14. FA        | THER'S NAME  |  | 15. MOTHER'S MAIDEN NA                   | ME                                     |  |
| 1/4/                                    |               | Isaac  | Kolodne  | FIRST                                    | WIDDLE                                 | Kamerov                                      |
| 5 5                                     | 16a V         | VAS DECEASED EVER IN U.S. ARA                      |  |  | ADDRAMA.                               | 20850  |
| nedii nedii                             | {             | YES NO OR UNKNOWN) (IF YES, GIVE                   | 071-34   | -5194 Jill Lytle                         |  |  |
| P - e                                   | -             |  |  |  | JIOIOO Ealcewood                       | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| nava<br>ent,                            |               |  | y one cause per fine far (a), (b), o   | inpma 2                                  | pruclea                                |  |
| r ren                                   |               | IMMEDIAT   | E CAUSE (0)  | 7  |  |  |
| e ca<br>on, a                           |               | Conditions, if ony, which                          | DUE TO, OR AS A CONSEO   | JENCE OF                                 |  |  |
| matic                                   |               | gave rise to immediate                             | (b)  |  |  |  |
| se re<br>crer                           |               | cause (a), stating the underlying cause last       | DUE TO, OR AS A CONSEO   | JENCE OF                                 |  |  |
| plea                                    |               | PART 2 OTHER SIGNIFICANT C                         | ONDITIONS CONTRIBUTING TO  | DEATH BUT NOT RELATED TO THE TERM        | AINAL DISEASE OR CONDITION GI          | VEN IN PART 1:a                              |
| Then<br>tab                             | Z             |  |  |  |  |  |
| mit.                                    | CERTIFICATION | 19a DATE OF OPERATION                              | 196 CONDITION FOR WHIC   | H OPERATION WAS PERFORMED                |  | S, WERE FINDINGS USED FYING CAUSES OF DEATH? |
| Pos Pos                                 | Ĭ.            |  |  |  | 1                                      | ES NO  |
| Hygi Hygi                               | E E           | 210. ACCIDENT WAS UNDERLYING                       |  | DAY YEAR 216 HOW INJURY OCCUR            | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2)                            |
| of training of the                      | N N           | OR CONTRIBUTING CAUSE OF DEA                       | in the second se | 19                                       |  |  |
| burned Ame                              | MEDICAL       | 21d INJURY OCCURRED                                | 21e. PLACE OF INJURY   | 211 LOCATION                             | CITY OR TOWN                           | COUNTY STATE                                 |
| s the<br>and<br>and<br>ked              | 3             | WHILE NOT WHILE AT WORK                            | TAT HOME, STREET, FACTORY, OFFICE  | . FARM, EIC )                            |  |  |
| Se a |               | 22a.1 certify that (I) (this haspit                | tal) attended the deceased from  | , 19                                     | , to                                   | 19, that ((we) lost                          |
| for a                                   |               | saw the deceased alive on obove, (I) () () (did no | 1) view the body after death   | , and that in (my) ( apinion             | death accurred on the date and ha      | or and from the causes stated                |
| IREC<br>hed<br>ept.<br>tem              |               | 72b. SIGNATURE                                     | L/   | DEGREE                                   | /                                      | 27. DATE SIGNED                              |
| AL D<br>etoci<br>rte D<br>f: If I       |               | 1 Kalu   | itprise  | MELLE WAITENDING HYSICIAN [              | DIRECTOR PHYSICIAN                     | 4/3/87                                       |
| FUNERAL UID be det on the State         | 1             | 22d. PHYSICIAN'S NAME (TYPE O                      | R PRINT)   | 22e ADDRESS                              | 1                                      | ni.  |
|   |               | Dr. Robert H.                                      | Birschbach   | 16320                                    | semiglan                               | SOUTH  |
| of State                                | 23a           | BURIAL, CREMATION, REMOVAL                         |  | NAME OF CEMETERY OR CREMATORY            | 23d. LOCATION                          |  |
| P                                       |               | Cremation  | 4/5/87   | Lee Crematory                            | Washington                             | D.C.   |
|   | 24 F          | UNERAL DIRECTOR                                    |  | 25a DA                                   | TE REC'D BY REGISTRAR 25% REGIS        | TRAR'S SIGNATURE                             |
| (VRA 15, 4)                             | D             | anzansku-Galdha                                    | ra Chanels 117   | Rockville 20852 AF                       | K-0 1981 Julia                         | Dundern Kendalin.                            |
|   |               | Constitution of the constitution                   |  | - INCLUDING TARK                         |  |  |

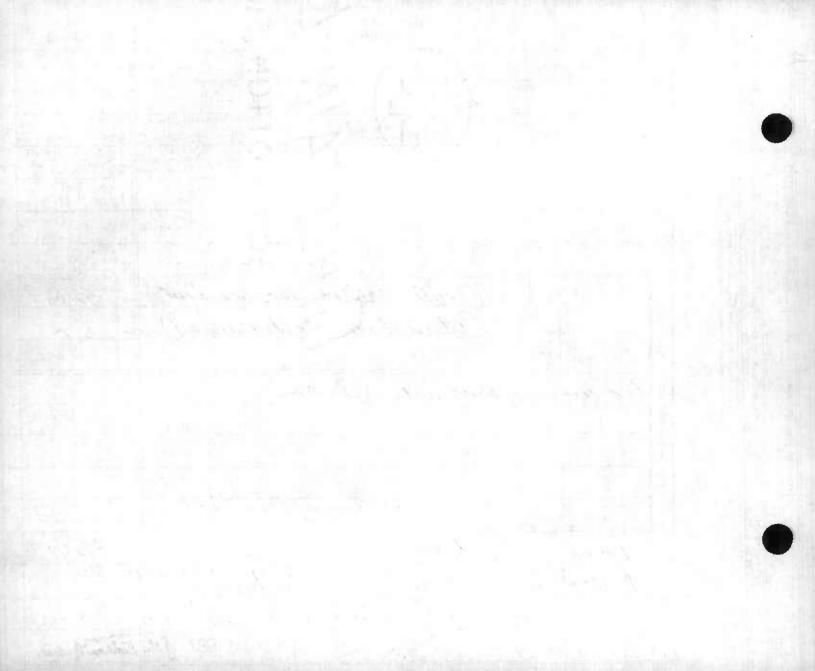
|   | 1             |  |   | STATE OF MARYLAND                                    |   |   |
|---|---------------|--|---|--|---|---|
| fm a  | 1.            | FOR<br>STATE<br>REGISTRAR  | DEPART  | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH    | BIENE / REG. NO.  | 601   |
| 50424 APR 1   |               | CEASED NAME FIRST  | MIDDLE  | LAST   |   | DAY YEAR 26. HOUR                             |
| nay be<br>page 3  | 1             | Sharyı   | n Rose  | Bass   | April   | 2.1987/0 P. M                                 |
| Hoy Her d   | 3. SE         |  | 4 RACE  | 5 DATE OF BIRTH                                      |   | IF UNDER 1 YEAR IF UNDER 24 HRS               |
| ge 4  |               | Female   | caucasion   | Dec. 19, 1986  | YRS.  | 3 DAYS HOURS MIN.                             |
| P 2 2 2 1   | 7a. 8         | IRTHPLACE (STATE OR FOREIGN  | 76 CITIZEN OF WHAT COUNTRY  |  | 9. BALTIMORE CITY OR COUNTY                                 | OF DEATH                                      |
| in 77   | Wa            | shington.D.C.  | U.S.A.  | WIDOWED DIVORCED                                     | Montgomery  | MD,   |
| The fee   | 10.0          | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSI<br>(IF NOT IN SUCH FACILITY, GIVE STREE | NG HOME OR OTHER INSTITUTION                         | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 126. KIND OF BUSINESS OR                      |
| 20 softe filed by the   |               | ethesda /  | 4 Springer  | Court  | None .  | None  |
| ) 21:<br>how  | 13a.          | AL RESIDENCE (IF NURSING HOME OF   | ROTHER INSTITUTION GIVE RESIDENCE BEFOR                             | RE ADMISSION) VN   13d INSIDE CITY LIMITS?           | 13e STREET ADDRESS / ZIP CODE                               |   |
| AN C III  | _             |  | tgomery Beth  |  | 4 Springer (  | ct. 20817                                     |
| WRY WITH  | 14. F.        | ATHER'S NAME   | MIDDLE LAST   | 15. MOTHER'S MAIDEN NA                               | WE  | LÁST.   |
| W P   | 1             | Raymond  | A. Bass   | Vivian   |   | Goulid  |
| BALTIMORE, MARYLAND 2 cote be executed within 24 h  |               | WAS DECEASED EVER IN U.S. AR<br>YES, NO OR UNKNOWN) (IF YES, GIV   | RMED FORCES? 166 SOCIAL SEC   |  | ADDRESS Md.   |   |
| MI od   |               | No   | None  | Dr. Raymond A  | A. Bass; 4 Springer   | Court; Bethesda                               |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN The low requires that the death certificate has certificate has been signed by the attending plants that the buriol-stransis permit. Then please remove curbands than Americal Hygiene prior to buriol, cremation, content normalizations or the death of the properties. | NOI           | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT ( | DUE TO, OR AS A CONSEQUE    b)                                      |  | MINAL DISEASE OR CONDITION GIVE                             | EN IN PART 1(a)                               |
| AL RECC   | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FOR WHICE   | OPERATION WAS PERFORMED                              | 200 AUTOPSY? 206. IF YES IN CERTIF' YES NO YES              | , WERE FINDINGS USED<br>YING CAUSES OF DEATH? |
| I OF VITA ICIAN TI g physical entificate rial-transit   |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  | ATH HOUR A.M. MONTH D   | AY YEAR 19   | RED (ENTER NATURE OF INJURY IN ITEM TB PA                   | ART I OR PART 2}                              |
| OVISION  Offer this ce os the burn  h and Mer   | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e PLACE OF INJURY<br>(AT HOME STREET, FACTORY, OFFICE             | FARM ETC.) 21f. LOCATION STREET                      | CITY OR TOWN  | COUNTY STATE                                  |
| R ATTENDIA<br>hospital or<br>RECTOR. A<br>red for use<br>ept. of Health   |               | saw the deceased alive on  | ital) attended the deceased from.  19  19                           |  | death accurred an the date and hour                         |   |
| 0 0 0 0 -   |               | 22h SIGNAMIRE  THE BHYSICIAN'S NAME IVER   | When M. D   | DEGREE  M-D  ATTENDING PHYSICIAN  220 ADDRESS        | MEDICAL STAFF DIRECTOR   PHYSICIAN                          | 2h DATISIGNED<br>43/87                        |
| TO HOSPITAL retained by this TO FUNERAL should be detoo with the State I IMPORTANT: If  |               | William N.   | STERLING M.D  | 10401 01   | Dbeongemon R  | d Bett mel.                                   |
| ВР  |               | BURIAL, CREMATION, REMOVAL<br>ISPECIEVY<br>Burial  | 4/5/87 J  | NAME OF CEMETERY OR CREMATORY<br>udean Memorial Gdns | 23d LOCATION CITY OR TOWN  Olney: Montgot                   | mery; Maryland                                |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)   | 11            | DANZANS 70 Rockville Pi  | KY-GOLDBERG MEMO  | ORIAL CHAPELS 250. DA                                | R 1 5 1987 Julia  | Dender Kalan                                  |

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APR 15 BUT THE STATE OF STATE

|                                    |               |  |  | STATE OF MAR                                |                       | The state of the s | ,                           |                      |
|------------------------------------|---------------|--|--|---|-----------------------|--|-----------------------------|----------------------|
| 1001                               | 1 -           | FOR<br>STATE<br>TREGISTRAR                                     | DE   | PARTMENT OF HEALTH AI CERTIFICATE O         |                       | IE   | 111.65                      | 4.3                  |
| 1901 1111                          | 1 DE          | CEASED NAME FIRST  | MIDDLE   | IAST  | 1 20                  | REG. NO.   | ONH DAY EVIAR               | Ub. HQUR             |
| be 5                               |               | Euloa Euloa  |  | BATISTA                                     | ,                     | 4-4-87   |                             | (615 A               |
| poge 3                             | 3. SE         |  | 4 RACE   | 5. DATE OF BIRTH                            |                       | AGE (IN YEARS LAST BIRTH   |                             |                      |
| s oft                              | 1             | Female   | WHITE  | MARCH II                                    | 1, 1888               | 99   | YRS. MONTHS DAY             | S HOURS MIN.         |
| #200//                             |               | RTHPLACE (STATE OR FOREIGN                                     | 76. CITIZEN OF WHAT COL                            | MARRIED NEV                                 | _ 01                  | BALTIMORE CITY OR  | COUNTY OF DEATH             |                      |
| 1/1/Z                              | 1             | CUBA   | CUBA   | WIDOWED                                     | DIVORCED              |  | OMERY Co                    | ) MD.                |
| 1 108                              | 4 0           | ty or town of death  | 11. NAME OF HOSPITAL, I                            | NURSING HOME OR OTHER<br>VE STREET ADDRESS) | (7)                   | B. USUAL OCCUPATION  YPE OF WORK FOR MOST OF V  HOME MAK   | VORKING LIFE   INDUSTR      | OF BUSINESS OR       |
| 1                                  | 1.3a S        | AL RESIDENCE (IF NURSING HOME OF                               | VIY 13c CITY C                                     |   | DE CITY LIMITS? 13e   | STREET ADDRESS / 2   | ZIP CODE                    |                      |
|                                    | _             | Md. MON  | TGOMERY SILVE                                      | R SPRING YES X                              | HER'S MAIDEN NAME     | 11.35 UNIV   | EKSITY BL                   | VD W. 20903          |
| 15                                 | 0             | FIRST  | NODIE L.   | AST IJ. MOTE                                | FIRST                 | INKNOU   |                             | LAST                 |
| 9 3,                               | 16a V         |  | MED FORCES? 166 SOCIA                              | AL SECURITY NO. 17. INFO                    | RMANT                 | ADDRESS  | 8314 Nic                    |                      |
| . Po                               |               | NO -   | 219-5  | 54-7000 MRS.                                | SOPHIA B              | . HELFANI  | NEW CAR                     |                      |
| ysicio<br>yol.                     |               | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE            | nly one couse poliny for (a),                      | (b), and (Q)                                | Marie                 |  | APPR<br>BETWEE              | OXIMATE INTERVAL     |
| remo<br>remo                       |               |  | TE CAUSE IN 12                                     | MARKETT                                     | Mullin                | Merc   | 3                           | don                  |
| corb<br>corb<br>, or i             |               |  | DUE TO, OR AS A COM                                | NSEQUENCE OF                                |                       |  |                             |                      |
| ation                              |               | Conditions, if any, which gave rise to immediate               | (b)  |   |                       |  |                             |                      |
| crem<br>other                      |               | couse (a), stating the underlying couse lost.                  | DUE TO, OR AS A COM                                | NSEQUENCE OF                                |                       |  |                             |                      |
| urial,                             |               | PART 2 OTHER SIGNIFICANT                                       | COMPLIANS COMPRIBITE                               | NG TO DEATH BUT NOTIFEE                     | ATED TO THE TERMIN    | LI SEASE OR CONDI  | TION GIVEN IN PART          | U.S.                 |
| ro bi                              | Z             | arkonio  | Hillian C  | Carperova.                                  | rices of              | Kalse  | TION GIVEN IN FART          | 116                  |
| Drio Drio                          | CERTIFICATION | 19a DATE OF OPERATION  | 196 CONDITION FOR                                  | WHICH OPERATION WAS PE                      | RFORMED               | 200 AUTOPSY?   | 206 IF YES, WERE FINI       | DINGS USED           |
| in pe                              | E             |  |  |   |                       | YES NO   | YES                         | NO 🗆                 |
| Hygin 18 x                         |               | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE       | 216. TIME OF INJURY<br>HOUR A.M. MON               | TH DAY YEAR                                 | W INJURY OCCURRED     | (ENTER NATURE OF INJURY  | IN ITEM 18 PART 1 OR PART 2 | 1                    |
| the entol                          | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINE                              | P.M.   | 19  |                       |  | 11 13 11 11                 | T-24-11-15-1         |
| N Pu                               | A B           | 21d INJURY OCCURRED  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC )                         | TREET                 | CITY OR TOWN   | COUNTY                      | STATE                |
| igh o                              |               | AT WORK  |  | (1/3  | (7)                   | 16/11  | 120                         |                      |
| Heo F                              |               | 220 I certify that (I) (this hasp<br>sow the deceased alive or | - 11/1/1   |   | my) our) opinion deal | , to 7 4   |                             | , that (IT (we) lost |
| m 23                               |               | obove, (I) (we) (did) (did)                                    | lew the body after death                           |   | thy four opinion deal | th occurred of the dote  | e and hour and from fl      | ne couses stated     |
| DIREC<br>Oched<br>Dept.<br>If Item |               | MA   | hul  | DEGREE                                      | ATTENDING A           | MEDICAL STAFF  | 2/10                        | LISIGNED TO          |
| old be den<br>or the State         |               | 22d PHYSICIAN'S MAME (TYPE                                     | rele   | 100 000                                     | PHYSICIAN DE          | RECTOR   PHYSICIA  | N V                         | 127                  |
| 0 ± 0                              |               | MYRON  | L. LENK  | 270 ADD                                     | 230                   | 9 SHOR   | WFILED MIN                  | 100                  |
| O of W                             | 23a. E        | URIAL, CREMATION, REMOVAL                                      |  | 23c NAME OF CEMETERY                        | OR CREMATORY          | 23d LOCATION   | A COUNTY A                  | The same state       |
|                                    |               | CREMATION  | 4-6-1987   | CHAMBERS                                    | CREMOTORY             | OFFIRMER DA  | 1 Emayor                    | 079d.                |
| 16 60M 7/84                        | 24 FI         | INERAL DIRECTOR  | AF   | DDRESS 23                                   | 919 THE RE            | CD. BY REGISTER IS   | LEGIS FRAR'S SION           | ATURE                |
| A 15, 4)                           | W             | W. CHAMBERS  | 5 CO TNC S   | YUER SPRING 1                               | nd                    |  |                             |                      |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH TYPE OR PRINT ESTI-DEATH MATED Wesley Edward Beahm 11/19 87 HOURS 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY OUR ON ST PRONOUNCED 8,1914 72 DEAD P Male Cauc. 19 87 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Montgomery County, Virginia United States WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 8516 Aragon Lane Chevy Chase Floral Shop Owner LUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) In STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 8516 Aragon Lane/20815 Maryland Montgomery Chevy Chase 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Corbin Charles Beahm Daisy 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 3104 PG 1d Mine Road 579-10-3329 John W. Beahm, Brookeville, Maryland 20833 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD ONLY 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 4/ 11/19 87 CONTRIBUTING CAUSE OF DEATH self inflicted wound 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE 8516 Aragon St. home Silver Spring, Monta. EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P
ATTER DEATH, WITH THE ST
BALTMORE, MARYLAND, 2 220. I certify that I took charge of the remains describe HEAD hONLY Autopsy X and in my opinian Suicide X Accident Homicide Undetermined monner Notural causes TITLE (SPECIFY) **ACTUAL** DATE M. D'eputy ChiefredICAL EXAMINER 4/12/87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. TYPE OR PRIM Penn St 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Apr. 15, 1987 Parklawn Memorial Park Rockville, Montgomery, Maryland 07/B4 1250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 EUNEPAL DIRECTOR Robert A. Pumphrey Funeral Home / 1250 Bethesda-Chevy Chase Inc. 7557 Wisconsin Avenue DHMH - 17 Spilia Davidson. Randage Bethesda, Maryland 20815 (VR A15 ME (5))

STATE OF MARYLAND

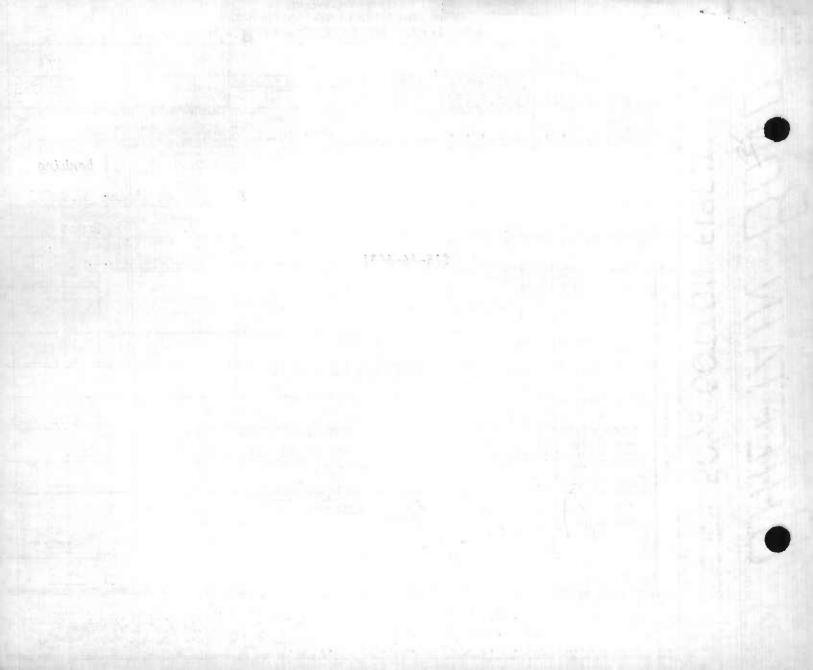
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| LSO.   |  |               | FOR<br>STATE               |                        |                        | DEPARTMENT O            | FHEALTI        | H AND MENTAL H              | YGIENE             |                  |                 |                              |             |
|--|--|---------------|----------------------------|------------------------|------------------------|-------------------------|----------------|-----------------------------|--------------------|------------------|-----------------|------------------------------|-------------|
| 195  | G APR 30   |               | REGISTRAR                  |                        | MEI                    | DICAL EXAMI             | NER'S          | CERTIFICATE O               | FREATH             | REG. NO          | 01 6            | 0 5                          | -175-31     |
|  |  |               | EASED NAM                  | FIRST                  |                        | WINDLE                  |                | LAST                        | Za. DATE           | KNOWN X          | MONTH           | DAY YEAR                     | 26 HOUR     |
| 7  | 88.58  | (III)         | CORPRINT                   | BARBAI                 | RA                     | A.                      | В              | EALL                        | OF<br>DEATH        | H MATED          | 4 1             | L8 <sub>19</sub> 87          | A.          |
| EA   | DIRECTOR<br>OUR FILES.<br>72 HOURS<br>ON SIRET.  | 3 SEX         |                            | 4 RACE                 | 5. DATE OF BIRTH       | 6. AGE (IN              | YEARS IF UI    | NDER 1 YR. IF UNDER         |                    |                  | MONTH           | DAY YEAR                     | Z4 HOUR     |
| >  | Z Z K S K  | 60            | male                       | Caucasia               | 1 Oct. 3, 1            |                         | YRS. MONT      | THS DAYS HOURS              | MIN PRONOL         |                  | 4 1             | L8 <sub>19</sub> 87          | 3:50<br>P.M |
| - 3  | 3:38/  | 7a BI         | RTHPLACE (S                | IATE OR                | 76 CITIZEN OF WH       | IAT COUNTRY?            | Ta .           | IED NEVER MARRI             | 1. BALTI           | MORE CITY C      |                 |                              | - M         |
| 2  | 五百年 /  |               | shinati                    | on, D.C.               | u.s.                   | Α.                      |                |                             |                    | tgomer           | y Cour          | nty                          | MD          |
| 369  | AND T  | ID CI         | TY OR TOWN                 | OF DEATH               | 11. NAME OF HOS        | PITAL NURSING HO        | ME. OR OTH     |                             | 120 USUAL OCC      | UPATION (TYP     |                 | KIND OF BU                   | SINESS      |
| 18   | E 2 1 2 1  | В             | ethesda                    | 1                      | Suburb                 | an Hospita              | 11             |                             | secreta            | ORKING LIFE)     |                 | bankin                       |             |
| - 8  | 398  |               |                            |                        | OTHER INSTITUTION GIV  | E RESIDENCE BEFORE ADM  | SSION)         | t                           |                    |                  |                 | Duracra                      | 9           |
| 5. 2120<br># ANY   | 影響と  |               | ryland                     | Montgo                 |                        | Gaithers!               |                |                             | 18700 W            | ilker C          | Choice          | Rd.208                       | 79          |
| EATH   | - 1 g = 2  | 14 FA         | THER'S NAME                |                        | MIDDLE R.              | McDoi                   | nald           | 15. MOTHER'S MAIDE Kathryn  |                    | MIDDLE           |                 | Dupar                        |             |
| MO   | N N N N N N N N N N N N N N N N N N N  | 16a. V        | AS DECEASE                 | EVER IN U.S. ARM       | ED FORCES?             | 166. SOCIAL SECUR       |                | 17 INFORMANT                | brother            |                  |                 | len Rd.                      |             |
| E S  | A S S S  |               | NO, OR UNKNO               | (IF YES, GIVE W        | VAR OR DATES)          | 213-46-6                | 031            | John McDo                   |                    |                  |                 |                              |             |
| 3  | N N N N  |               | 18 CAUSE O                 | F DEATH (Enter anly    | ane cause per line     | far (a), (b), and (c).) |                |                             |                    |                  | ,               | APPROXIMATE<br>BETWEEN ONSET | EINTERVAL   |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST<br>S. CRTIFICATE SHOUID BE EXECUTED WITHIN 24 HOL | IN ITEM I<br>ALONG<br>ISIT PERMI<br>HYGIENE,<br>MOVAL.   |               | PARTIDE                    | ATH WAS CAUSED         | BY:<br>E CAUSE (a)     | Multiple                | injur          | ies                         |                    |                  |                 | REIMEEN ONSEI                | AND DEATH   |
| STO<br>24  |  | 7             | 0/                         | 20                     |                        | AS A CONSEQUENC         | E OF           |                             |                    |                  | 4-11-           | 21116                        |             |
| PRE  | _ L Z _ L W  |               |                            | ns, if any, which      | (b)                    |                         |                |                             |                    |                  |                 |                              |             |
| ₹ ₹  | OR TRE   |               | cause (a)                  | stating the under-     |                        | AS A CONSEQUENC         | E OF           |                             |                    |                  |                 |                              |             |
| 201<br>UTE   | EXAMINE<br>EXAMINE<br>RIAL - TRAI<br>D MENTAI<br>ON, OR R  | 3             | lying cau                  | se last.               | (c)                    |                         |                |                             |                    |                  |                 |                              |             |
| ZEC XEC  | S S M S S  | 1             | PART 2 DTHER SE            | GNIFICANT CONDITIONS C | DATRIBUTING TO DEATH 8 | UT NOT RELATED TO THE T | ERMINAL DISEAS | E DR CONDITION GIVEN IN PAI | RT 1 (a            |                  |                 |                              |             |
| 0 2  | ON STATE OF  | o N           |                            |                        |                        |                         |                |                             |                    |                  |                 |                              |             |
| # T  | E Lety T   | CERTIFICATION | 190 DATE OF                | OPERATION              | 196. CONDIT            | ION FOR WHICH OP        | ERATION        | VAS PERFORMED?              |                    |                  |                 | 20 AUTOPSY?                  | ,           |
| ATI OF   | 8425   | E             |                            |                        |                        |                         |                |                             |                    |                  | 3               | YES 🔀                        | NO 🗌        |
| OF OF  | SAE E  | 18            |                            | L CAUSE WAS            | 21b. TIME OF           | MONTH DAY YE            | AP 21c. H      | OW INJURY OCCURRE           | D (ENTER NATURE OF | NJURY IN ITEM 18 | PART I OR PART  | 2)                           |             |
| NO OF  | F00000   | MEDICAL       | CONTRIBUTI                 | OR OR CAUSE OF D       | EATH 1 P.M.            | 4-18- 19                | 87 D           | river of au                 | ato/fire           | truck            | collis          | sion.                        |             |
| VISI   | PP PP  | 9             | 21d INJURY C               | CCURRED                |                        | OF INJURY (AT HOME,     |                | CATION                      | CITY OR T          | OWN              | COUN            | TV                           | STATE       |
| Z S  | AAGE AAGE AAGE   | -             | AT WORK                    | NOT WHILE<br>AT WORK   |                        | oad                     | Mo             | ntgomery Vi                 | llage Av           | e.               |                 | gomerv                       |             |
|  | P. P   |               |                            |                        | af the remains desc    | ribed above, held an    | Autor          | Lost Knife                  |                    |                  | nd in my apin   |                              |             |
| N N  | SECTION AND ADDRESS OF THE PERSON AND ADDRES |               | death results              | / / /                  | Nauses D               | 1//50                   | Suicide        | Hamicide .                  | Undetermined r     |                  | id in my apin   | ion                          |             |
| <b>A</b> 3   | A A STATE OF BRIDE   |               |                            | 1117                   | 11/17                  | 1                       | ovicide        | TITLE (SPECIFY)             | onderermined .     |                  |                 |                              |             |
|  | A SOLUTION   |               | ACTUAL<br>SIGNATURE        | Su                     | 2017                   | Mar                     | N              | Assistant                   | MEDICAL EXA        | MINED            | DATE<br>SIGNED. | 4-19-8                       | 87          |
| 0  | NEW SEA  |               |                            |                        |                        |                         |                |                             |                    |                  |                 |                              |             |
| ×  | EXECUTE THE CERTIFICATE, WRITING THE WOO<br>PAGE 4 SHOULD BE FORWARDED TO THE<br>PLOFUNERAL DIRECTOR: PAGE 3 SHOULD BE<br>AFIER DEATH, WITH THE STATE DEPARTMENT<br>BALTIMORE, MARYTAND 21201 PROR TO BU   |               | EXAMINER'S<br>(TYPE OR PRI | Char                   | les P. K               | okes, M.D.              |                | ADDRESS 111 P               | enn St.,           | Balto            | ., MD           | 21201                        |             |
| 2  | X & D A &  | 23a.BL        | JRIAL, CREMA               | TION, REMOVAL 23       |                        | 23¢ NAME OF C           |                |                             | 23d LOCATION       |                  | COUNTY          | 12                           | ATE         |
| 07/B4 E  | 3P   |               | burial                     | A                      | pr. 25, 198            | 7 Gate o                | 6 Hear         | en Cemeter                  | y Silver           | Spring           | Mont            | gomery                       | Md.         |
| 25M  | DHMH - 17  | 24 FL         | NERAL DIRECT               | TOR Franc              | is J. Col              | lins, Jr.               |                | 1d. 20901 APF               | PEC'D. BY REGISTE  | AR Wh REGI       | SIRAP'S SIG     | NASURE                       | 7           |
|  | R A15 ME (5))  | 50            | 0 Univ                     | ersity Bl              | vd. W., S              | ilver Spr               | ing. N         | ld. 20901AFF                | 4 9 1901           | Julia            | Desider         |                              | 2           |

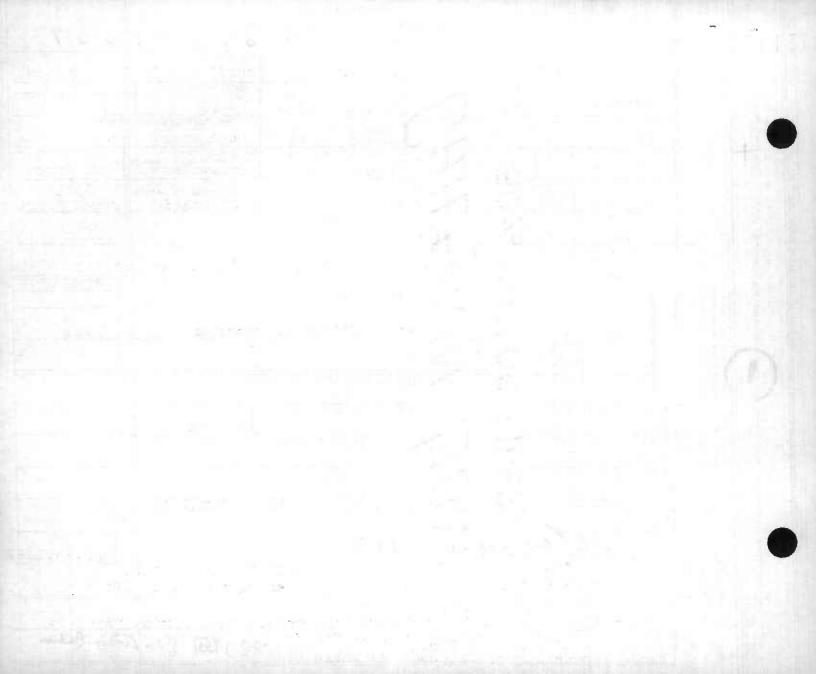
STATE OF MARYLAND



|  |               |   |                    |                             |                                    | STAT                     | OF MARYLA                | AND                  |  |             |                                 |                                   |
|--|---------------|---|--------------------|-----------------------------|------------------------------------|--------------------------|--------------------------|----------------------|--|-------------|---------------------------------|-----------------------------------|
| 049605 AP  | 1             | FOR<br>STATE<br>REGISTRAR   |                    |                             |                                    |                          | EALTH AND A              | MENTAL HYGI<br>DEATH | B / REG. N   |             | 5 6                             | ) 6                               |
| A decept of pe   | (TYPE         | ORPRINT) Wil  |                    | nine                        | MIDDLE                             | - 01                     | cker                     |                      | 2a. DATE OF DEATH  | 4 1         | 87                              | 26 HOUR PM                        |
| ctor, po   | 3. SE.        | female  | 4                  | RACE White                  | е                                  | S. DATE C                | PE BIRTH                 | YEAR                 | 6, AGE (IN YEARS LAST BII                                  | YRS         | IF UNDER I YEAR                 | IF UNDER 24 HRS                   |
| meral di   | W             | RTHPLACE (STATEORFOR COUNTRY)  ashington, I   | o.c.               | b. CITIZEN OF               | USA.                               | ? 8<br>MARRIEI<br>WIDOWE | D NEVER M                | AARRIED A            | 9 BALTIMORE CITY O<br>Montgo                               | mery        | OF DEATH                        | MD.                               |
| 1190   | 2             | ROCKUILLE   |                    | ROCI                        | HOSPITAL, NURS                     | DIACSI                   |                          | ne                   | 12a USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST I<br>Retired ( |             | 126. KIND O<br>INDUSTRY<br>U.S. | Gov't.                            |
| AND Z. L. AND Z. | 13a S         | at vialia   | Car                | roll                        | New Wi                             | ndsor                    | 138 INSIDE CI            | NO 🗆                 | 13e STREET ADDRESS<br>14733 Barn                           | ZIP CODE    | d <b>2177</b> 6                 |                                   |
| make a set of the set  | 1             | Charles   | H                  | _                           | Beck                               |                          | Emr                      |                      | $A_{ullet}^{MIDDLE}$                                       |             | Priddis                         | 3                                 |
| Poges<br>Poges   | 160           | VAS DECEASED EVER IN<br>YES, NO OR UNKNOWN)<br>NO   |                    | ED FORCES?<br>WAR OR DATES) | 578-32-                            |                          | F. Nor                   |                      | gan (sister)   |             |                                 |                                   |
| e de la centra de la contra de la centra del la centra del la centra de la centra del la centra del la centra de la centra de la centra del la centr |               | 18 CAUSE OF DEATH PART I. DEATH WAS IA  Conditions, if ony, v                             | CAUSED<br>AMEDIATE | BY:<br>CAUSE (a)            | R AS A CONSEO                      | yeste                    | i f                      | heart                | failer   | (           | BETWEEN                         | DAATE INTERVAL<br>ONSET AND DEATH |
| NG PHYSICIAN: The low requires that the dean certificative executed intimize hibrary or strending physician.  The physician is certificate has been signed by the out-thing physician and compility filled that this certificate has been signed by the out-thing physician and compility filled that had Americal Progress and compility filled that and Americal Progress prior to burnot, cremothern, channeled an item 18 shows ony injury, or other traumanic event, tho medical manning in the person or them.   | CERTIFICATION | cause (a), stating underlying cause  PART 2 OTHER SIGNIF                                  | 3.6                | (c)<br>ONDITIONS <u>CC</u>  | R AS A CONSEO                      | DEATH BUT                |                          |                      | NAL DISEASE OR CON   | 20b. IF YES | EN IN PART TO                   | NGS USED                          |
| TYSICIAN: The lic<br>ding physician.<br>s certificate has<br>burial-fransit per<br>Mental Hygiene<br>rr frem 18 shaws  |               | 21a. ACCIDENT WAS UNDER<br>OR CONTRIBUTING CAL  | ISE OF DEATH       | 216. TIME O<br>HOUR A.      | M. MONTH                           | DAY YEAR                 | 21c. HOW IN.             | JURY OCCURR          | YES NOW  | YE          | s 🗌                             | но 🗆                              |
| DING PHYSION or ottending After this ce e os the burn ond Meel on orked or its norked  | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  |                    | 21e. PLACE<br>(AT HOME, STR | OF INJURY<br>REET, FACTORY, OFFICE | FARM, ETC )              | 211 LOCATIO<br>STREET    | NO.                  | CITY OR TO   | OWN         | COUNTY                          | STATE                             |
| AL OR ATTEND<br>y the hospital of<br>AL DIRECTOR:<br>detached for us,<br>ore Dept. of Hear<br>VI: If them 21 is r  |               | 22a. I certify that (I) (II<br>say the deceased<br>gbove) (I) (we) (did<br>22b. SIGNATURE | alive on_          | 91                          | 19-                                | 8/ . or                  | d that in (my)<br>DEGREE | (our) opinion d      | eoth occurred on the d                                     | FF          |                                 |                                   |
| TO HOSPITAL retoined by the TO FUNERAL should be deto with the State IMPORTANT: H  |               | Dr John   | mel.               | nick                        | 258-                               |                          | 911                      | N. Rus               | sell Are   | Gair        | Hasbi                           | 6,40                              |
| BP   |               | BURIAY, CREMATION, RE<br>Burial   | MOVAL              | 23b. DATE<br>4/4/8          | 7                                  |                          | Oak Ce                   | metery               |  |             |                                 |                                   |
| DHMH - 16 50M 4/83<br>(VRA 15, 4)  |               | 331 Rockvil   | yson<br>le Pil     | Wheele                      | er Funera                          | al Hom<br>aryland        | e, Inc.                  | APF                  | REC'D BY RECIETRAR<br>- 6 1987                             | Julia 1     | A SIGNA                         | TELLE.                            |

4/10

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE OF DEATH MONTH page 3 (TYPE OR PRINT Genoveva Benavides April 14, 1987 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 DATE OF BIRTH MONTH Female Aug. 20, 1900 Caucasian BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Chile Chile Montgomery County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda 9801 Raleigh Tavern Court Homemaker Own Home 20814 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Bethesda 9801 Raleigh Tavern Court Montgomery Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Felix Jose Rosario Maria ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Duberli Benavides, same as #13 No None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Diabetic Coma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Diabetes Mellitus, Hypertension 1 week Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [ burial-transit | Mental Hygie 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2) CHOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE June 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an April 11 1987 and that in (my) (aur) apinion death occurred an the date and haur and from the couses stated above, (1) (we) (did) (ain) no **DEGREE** 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Apr. 14, 1987 MPORTANT 22d. PHYSICIAN'S NAME 27e ADDRESS 2032 P Street, N.W. should be Suryabala Goswami, M.D. Washington, D.C. 20036 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE April Cremation 1987 Metropolitan Crem. Alexandria, Virginia REGISTRARIS SIGNA Pumphrey Funeral Home 150 DATE REC'D. BY REGISTRAN APR 2 0 1981 DHMH - 16 60M 7/84 Bethesda, MD 20814 (VRA 15, 4)



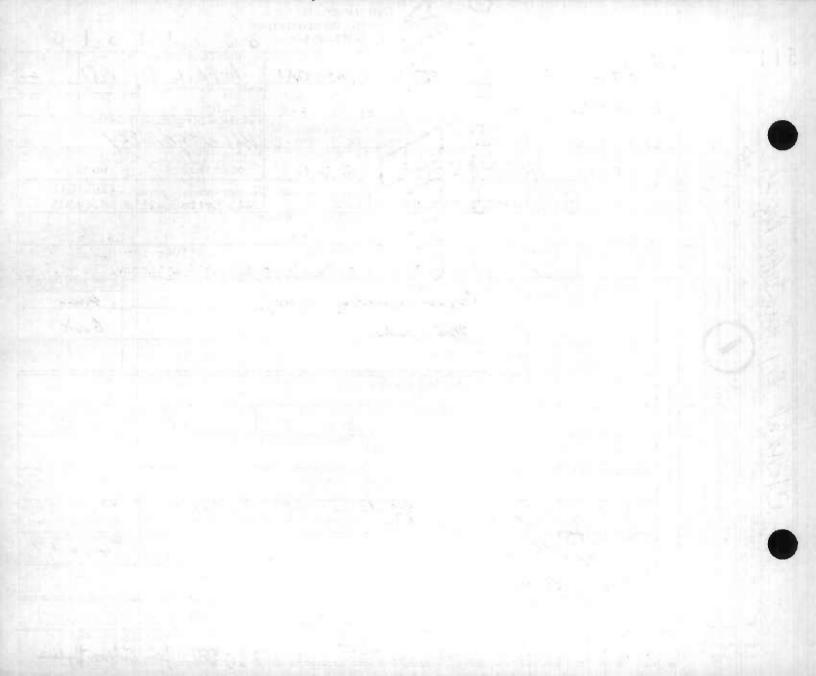
| ,  |                    |           | FOR                       |  |                     | DEPAR                   |                | OF MARYLA!          |              | ENE                   |                 |                   | 40                                 |
|--|--------------------|-----------|---------------------------|--|---------------------|-------------------------|----------------|---------------------|--------------|-----------------------|-----------------|-------------------|------------------------------------|
| 05   | 156                | 1 10      | - STATE<br>REGISTRA       | AR   |                     |                         | CERTIF         | ICATE OF DE         | EATH         | 8 / REG.              | NO.             | 6                 | ) 6                                |
| ä  | oge 3              | 611       | I. DECEASED NA            | AME FIRST<br>Helen                               |                     | stelle                  |                | nder                |              | 20. DATE OF DEATH     | MONTH           | 20 87             | 2b. HOUROO                         |
| É  | r, po              | 175       | 3. SEX                    |  | 4 RACE              |                         | 5. DATE C      |                     | YEAR         | 6. AGE (IN YEARS LAST | BIRTHOAY)       | IF UNDER 1 YEAR   | IF UNDER 24 HRS                    |
| 000  | recto<br>urs al    |           | female                    |  | Caucasi             |                         | Dece           | nber 13.            |              | 75                    | YRS.            |                   |                                    |
| 4  | 72 40              | 2         | COUNTRY)                  | ( STATE OR FOREIGN                               | 76. CITIZEN OF W    | HAT COUNTRY             | MARRIE         | NEVER MA            |              | 9. BALTIMORE CITY     |                 | Y OF DEATH        |                                    |
|  | 1                  |           | Marylar<br>10 CITY OR TON |  | U.S.A.              | OSPITAL, NURS           | ING HOME       | D DIV               | ORCED        | Montgome              |                 | 126 KIND (        | MD.<br>OF BUSINESS OR              |
| = A=   | led w              | 160       | Wheator                   |  | (IF NOT IN SUCH     | Care NW                 | ET ADDRESS)    |                     |              | School Lil            | OF WORKING      | IFE) INDUSTRY     |                                    |
| 212  | J in b             | -         |                           | ICE (IF NURSING HOME O                           | ROTHER INSTITUTION  | TIVE RESIDENCE BEFO     | ORE ADMISSION) | 13d. INSIDE CIT     |              | 13e STREET ADDRESS    |                 |                   | .3.0.                              |
| S S  | E P                | 35        | Marylar                   | id Mont  |                     | Silver :                |                | YES 🗌 I             | NO 🗆         | 12718 Flag            |                 |                   | 20906                              |
| S S  | pletely<br>ad 2 sl | 1         | 14 FATHER'S NA            | ST.  | WIDDLE              | LAST                    |                | 15. MOTHER'S I      | IRST         | MIDDLE                |                 | 1A                | .ST                                |
| E. M.  | W.                 | 2         |                           |  | ckinley             | Mulli<br>16b SOCIAL SEC |                | Bert<br>17 INFORMAN |              | Estelle               | RESS            | Da                | y                                  |
| BALTIMORE, MARYLAND 2120   | Pages              | nedic     | IYES, NO OR UM            |  | VE WAR OR DATES)    | 219-36-                 |                |                     |              | husband               | same            | as #13            |                                    |
| ALT.   | sicion<br>pers.    | the r     |                           | OF DEATH (Enter o                                |                     |                         | and (c)        |                     |              | nusbuna               | Sung            |                   | XIMATE INTERVAL<br>ONSET AND DEATH |
| : 4 "  | phy<br>anpa        | event     | PARTI                     |  | TE CAUSE (a)        | AK DIA                  | C /            | ARRES               | 57           |                       |                 | 141               | MEDIATE                            |
| NOU  | corb               | notic     | Contract of the second    |  | DUE TO, OF          | AS A CONSEQ             | UENCE OF       | 1000                |              | 1-NOT                 | DIC             | -4-               |                                    |
| S S S  | e offe             | trour     | gove ris                  | ns, if any, which<br>se to immediate             | (b)#                | RIEKI                   |                | CEROI               | 10 1         | FEART                 | 1/15            | ENSE              |                                    |
| ×  | by th              | other     |                           | o), stating the                                  | DUE TO, OR          | AS A CONSEQ             | UENCE OF       |                     |              |                       |                 | 200               |                                    |
| DIVISION OF VITAL RECORDS, 201 W, PRESTON ST  DR  ROPE ROLL  ROPE PHYSICIAN. The low consider that the death cents | bed ed             | Jo J      |                           | THER SIGNIFICANT                                 | CONDITIONS CO       | NTRIBUTING TO           | DEATH BUT      | NOT RELATED T       | TO THE TERMI | NAL DISEASE OR CO     | NDITION G       | IVEN IN PART 1    | 10,                                |
| OK D   | 12                 | A         | CERTIFICATION 180 DATE    |  |                     |                         |                |                     |              |                       |                 |                   |                                    |
| SEC SEC  | 1                  | 12        | FICA DATE                 | OF OPERATION                                     | 196 CONDIT          | ION FOR WHIC            | H OPERATIO     | N WAS PERFOR        | MED          | 20a AUTOPSY?          | IN CERT         | ES, WERE FINDI    | S OF DEATH?                        |
| A PAR  | rsicio             | 8         | 21g. ACCID                | ENT WAS UNDERLYING                               |                     |                         |                | 21c. HOW INJ        | URY OCCURRE  | YES NO X              |                 | PART I OR PART 2) | NO 🗌                               |
| OF OF  | phy g              | em 1      | OR CONTRO                 | BUTING CAUSE OF DE                               | AIN I               | A. MONTH                | DAY YEAR       | 10.8                |              |                       |                 |                   |                                    |
| NO X   | this c             | d or h    | 9                         | RY OCCURRED                                      | 21e. PLACE O        | F INJURY                | E. FARM. ETC.) | 211 LOCATION        | N            | CITY OR               | IOWN            | COUNTY            | STATE                              |
| SIVIG CA   | offer os th        | arked     | AT WORK                   | NOT WHILE AT WORK                                |                     |                         |                | 1                   | 2 01         | - 1                   | 100             | 0111              |                                    |
| Z  | OR P               | l is m    |                           | ify that (1) (this base<br>the deceased alive or |                     | deceased from           | 22             | d that in (my) (    | ., 19        | eath occurred on the  | date and ha     | 198               | , that (I) (we) Tast               |
|  | RECT               | em 2      | 7h SiGN                   | ATUBE  | ot) view the body o | ffer death              | 0              | DESPEE              |              |                       | dore ond ne     |                   | E SIGNED                           |
|  | the<br>AL DII      | T: # #    | 0                         | 011166   | 46                  | 188                     | (m)            |                     | TENDING A    | MEDICAL ST            | AFF<br>ICIAN [] | 201               | AND 87                             |
| TIGSOH   | d by               | TAN       | 22d. PHYS                 | ICIAN'S NAME (TYPE                               |                     | 0                       | 10             | 177# ADDRESS        | 211 1        | -212.4                | 0.              | 1 -               | 1110                               |
| OH C   | of FL<br>hould     | IMPORTANT | WHO                       | TER E  |                     | UH M.                   |                | 2309                | SHORE        | FIELD                 | ep u            | HEAT              | an MD                              |
| F  |                    | 1         | 230 BURIAL, CR            | EMATION, REMOVAL                                 | Ann 2               | 3 198 TM                | PROTA          | EMETERY OR CE       | REMATORY     | COWY MANY             | POHAVÍ          | PPOINT AN         | icaster Pa.                        |
|  | BP                 |           | 24 FUNERAL DI             |  | ncis J.             |                         |                |                     |              | REC'D. BY REGISTRA    |                 |                   |                                    |
| DH   | VRA 15,            |           |                           | iversity B                                       |                     |                         |                | 3, Md. 2            | OPAPR        | 24 1987               | Julia d         | condern Ke        | adean .                            |

20 1. 3. 3. 3. 3. A. ARTOME SOLEMENT DEPRET DISEASE 2 1 63 1/28 W 33 Car 62 The less of the state of the st AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

|   | 1 - 5  | M #5 FILM G<br>FOR<br>STATE<br>REGISTRAR                                       | -627 Pe                   | r r,H. 5           |                          | RTMENT OF H   | EALTH AND MENTAL HYC<br>ICATE OF DEATH | SIENE<br>8 7 REG. NO          |                   | 6 0                          | 9                          |
|---|--------|--|---------------------------|--------------------|--------------------------|---------------|--|-------------------------------|-------------------|------------------------------|----------------------------|
| 2196 311-4  |        | ASED NAME  | GLEN                      | .0                 | W.                       | BEI           | NNE TT                                 | 2a. DATE OF DEATH             | MONTH DA          | 7 87                         | PO AM                      |
| ge 4 moy<br>ector, po<br>rs ofter d   | 3. SEX | Male   |                           | Whit               | e                        | Sept.         | 11, 1894<br>11, 1894                   | 6. AGE (IN YEARS LAST BIR     | YRS.              | UNDER I YEAR                 | HOURS MIN.                 |
| death. Poo  | Ma     | HPLACE ISTATEORE   |                           | U.S.               |                          | MARRIE        |  | 9 BALTIMORE CITY O<br>Montgon | nery              |                              | MD.                        |
| by the filed will   | . Ве   | or town of DEA<br>ethesda  |                           | SUP SUC            | WE BA                    | REEJ ADDRESS) | ACOPITAL                               | Retired Agr                   |                   |                              | BUSINESS OR                |
| AND 21:   | Ma STA | ryland   | 136 COUNT                 | omery              | 13c. CITY OR TO<br>Kensi | OWN           | 13d INSIDE CITY LIMITS? YES X NO       | 3716 Lawr                     | ence A            | venue 2                      | 20895                      |
| MARYL<br>ompletely<br>over 2 s  |        | George   |                           | W.                 | Benne                    |               | Is. MOTHER'S MAIDEN NA<br>Jeá'n'etta   | MIDDLE                        |                   | rgett                        |                            |
| n ond co  |        | Yes  |                           | TAR OR DATES       | 166 SOCIAL SI            |               | Margaret Be                            | nnett (daught                 |                   | neas13                       | е                          |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician and completely little this certificate has been signed by the attending physician and completely little this as the busidetronsat permit. Then please remove carbon papers. Pages 1 and 2 stould be fill the and Mental Hygiene prior to buriol, cremation, of removal.  The provided or them 18 shows any injury, or other traumatic event, the medical examiner and are as a stould be fill the provided or them 18 shows any injury. |        | Canditions, if any, gove rise to imm couse (a), statin underlying cause        | nediate<br>ng the<br>last | (b)                | R AS A CONSE             | OUENCE OF     | Aflant V (                             | MINAL DISEASE OR CON          | DITION GIVE       | N IN PART 11a                | ,                          |
| AL RECONTENT The low rection.   | RTIFIC | DATE OF OPERA  | 8                         |                    |                          | ICH OPERATIO  | N WAS PERFORMED                        | 200 AUTOPSY?                  | IN CERTIFYI       | WERE FINDING<br>ING CAUSES C | GS USED<br>OF DEATH?<br>NO |
| ON OF VITA  HYSICIAN: T ding physici is certificate buriol-tronsis  Mental Hygi   | Z Z    | 18. ACCIDENT WAS UNI OR CONTRIBUTING ( (IE EITHER NOTICY MEDI 18. INJURY OCCUR | CAUSE OF DEAT             | HOUR A.            | M. MONTH<br>M.           | DAY YEAR      | 21t. HOW INJURY OCCUR                  | RED (ENTER NATURE OF INJUI    | RY IN ITEM 18 PAR | T 1 OR PART 2)               |                            |
| DIVISIO<br>DO OT OTHER<br>OF OTHER THINGS OS THE K<br>COITH ON OTHER  | A      | WHILE NOT WE AT WO 20.1 certify that (1)                                       | HILE C                    | ( AT HOME ST       | REET, FACTORY, OFF       | 94            | STREET, 19                             | CITY OR TO                    | 129               | 87                           | STATE hot (I) (we) fost    |
| TAL OR ATTER by the hospitolic detoched for under Dept. of it in the Dept. of it.   |        | sow the decessions (1)/(we) (1) (2b. SIGNATURE                                 | J.J.                      | Wew the body       | etter deoth law          |               | DEGREE  ATTENDING PHYSICIAN            | MEDICAL STAL                  |                   | IN. DATES                    | ouses stated               |
| TO HOSPITAL ( retoined by the TO FUNERAL I Stoold be deto with the Store I MAPORTANT: III   |        | 10BERT   | T,                        | THIE               | BADEI                    |               | 27. ADDRESS COCKE                      | ille, This                    | 1 20              | 1852                         | 2                          |
| BP  | ISP    | RIAL, CREMATION, ECEY) Burial  |                           | 236 DAJE<br>4/30   | /87                      | Parkla        | emetery or crematory<br>wn Memorial I  |                               |                   |                              | 2                          |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)   | 24 FUN | PERAL DIRECTOR T   | yson V<br>kville          | Wheeler<br>Pike. R | Funera                   | Home          | , Inc.                                 | E SEC. D BY BE G B 84         | 256 REGISTR       | AR'S SIGNATU                 | REndall                    |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECE ASED NAME 20 DATE OF DEATH 2b HOUR NNA 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS White 1900 Sept. Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FES MOROCCO U.S.A. 18 CITY OR TOWN OF DEATH AL KIND OF BUSINESS OF INDUSTRY Home Silver Spring Homemaker (20910)13b COUNTY 13e.STREET ADDRESS / ZIP CODE Silver Spring Maryland Montgomery 2445 Lyttonsville Rd., #805 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sholom Hatwell Cohen Rachel In WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT STIVER Spring, Md. 20910 Sam Bensimmon; Son; 2445 Lyttonsville Rd., #805 213-84-1166 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Molmututia Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Fee sow the deceased alive on Morial 13 obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS with the 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 4/17/87 Mt. Lebanon Cemetery Adelphi P.G.; Maryland 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS DHMH - 16 60M 7/B4 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|   | C   |      | 1        |
|---|-----|------|----------|
| Т | DAY | YEAR | 2b. HOUR |
|   |     |      | 0.16     |

| ı |   | REGISTRAR  |                    |                         | CERTIF  | ICATE OF DEA       | TH .     | 8 / REG. NO  | 1 1        | 0 1   | 1  |  |
|---|---|--|--------------------|-------------------------|---|--------------------|----------|--|------------|---|--|--|
| ı |   | PECEASED NAME FIRST MIDDLE WILLIAM PAUL BERES,   |                    |                         | (AS)  |                    |          |  |            | DAY YEAR  |  |  |
| ١ | Udin  |  |                    |                         | SR.   |                    |          | APRIL 1 1  |            | 9:46 P  |  |  |
|   | 1. SEX  | A RACE White   |                    |                         | 5. DATE OF BIRTH                              |                    |          | 6 AGE (IN YEARS LAST BIR   |            | MONTHS DAYS                                     | IF UNDER 24 HRS                            |  |
| J | M   | MALE   |                    |                         | DECEMBER 7 1918                               |                    |          | 68   | YRS        | MONTHS. DATS                                    | HOURS MIN.                                 |  |
| 1 | 7a. BIF   | 76. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) PENNSYLVANIA UNITED STATES  |                    |                         | Y? 8 MARRIED A NEVER MARRIED WIDOWED DIVORCED |                    |          | BALTIMORE CITY O   | R COUNTY   | OF DEATH  |  |  |
| 7 |   |  |                    |                         |   |                    |          | MONTGOMERY   |            |   |  |  |
| 1 |   | ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET  NAV   |                    |                         |   | OR OTHER INSTITUT  | TION     | 170 USUAL OCCUPATION 170 KIND OF BUSINESS OR (1496 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETTRED U.S.A.F. |            |   |  |  |
|   | -   | RESIDENCE (IF NURSING NOME OF  | OTHER INSTITUTION  |                         |   | PFIIAL             |          | KEIIKED  | -          | 10.5.E  | 1.F.                                       |  |
| 9 | /13a.5  | TATE 135 COU   |                    | 13c. CITY OR TOW        | N   | 13d. INSIDE CITY I | LIMITS?  | 406 ARBOR  |            |   |  |  |
| Ī | MIFA  | THER'S NAME  | MIDDLE             | LAST                    |   | 15. MOTHER'S MA    |          | NE MIDDLE  |            | IAS   | 1  |  |
| Ü | /   | GEORGE BERES   |                    |                         | MAF   |                    |          |  |            |   |  |  |
|   |   | VAS DECEASED EVER IN U.S. AF   | MED FORCES?        | 166 SOCIAL SECU         | IRITY NO.                                     | 17 INFORMANT       | (Wi      |  |            | 21061   |  |  |
|   | Y   | ES 1940  | )-1960             | 174-14-4                | 4363  | ESTHER I           | M.BER    | ES, 406 ARI  | OR DR      | RIVE, GLE                                       | IVE, GLEN BURNII                           |  |
|   |   | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  MD 21061  |                    |                         |   |                    |          |  | BETWEEN    | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |  |
|   |   | IMMEDIA  | TE CAUSE (a)       | CORONARY                | ARTER   | RY DISEAS          | E        |  |            |   |  |  |
|   |   |  | DUE TO, OI         | R AS A CONSEQUE         | ENCE OF                                       |                    |          |  |            |   |  |  |
|   | Conditions, if any, which ( (b)   |  |                    |                         |   |                    |          |  |            |   |  |  |
|   | gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF  |  |                    |                         |   |                    |          |  | 40000      |   |  |  |
|   |   | underlying cause last. (c)   |                    |                         |   |                    |          |  |            |   |  |  |
| ۱ | 7   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  |                    |                         |   |                    |          |  |            |   |  |  |
|   | CERTIFICATION   | A DAYS OF ORSELVIOUS   | Time course        | 7.0                     | 0.050.17:0                                    |                    |          | Tan Aug OBSV2  | Tool IF VE | C MEDE EN ION                                   |  |  |
|   | Ş.  | APRIL 1 1987 CORONARY ART  |                    |                         |   |                    | ED.      | 20a AUTOPSY?   | IN CERTIF  | FYING CAUSES                                    | WERE FINDINGS USED<br>ING CAUSES OF DEATH? |  |
|   | 18  | 210. ACCIDENT WAS UNDERLYING   |                    | DRONARY ARTERY DISEASE  |   |                    |          | YES X NO   | S X        | W.M   |  |  |
|   | 11000   | 216. ACCIDENT WAS UNDERLYING DON'T BE THE OF THIS UNIT OF TH |                    |                         |   | AY YEAR  19        |          |  |            |   |  |  |
|   | MEDICAL   | INJURY OCCURRED 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.   |                    |                         | 211 LOCATION                                  |                    |          | CITY OR TOWN   |            | COUNTY  | STATE                                      |  |
|   | ×   | NOT WHILE AT WORK  | (ATHOME STR        | EET, FACTORY, OFFICE, F | ARM, ETC.)                                    | SINCE              |          | en out   |            |   | JIAIL                                      |  |
|   |   | 22a.l certify that (1) (this hasp  | ital) attended the | e deceased from_        | MARCI   | 1 24               | 9.87     | to_APRIL ]   |            |   | that (I) (we) lost                         |  |
|   | sow the deceased alive an APRII. 1 19.87 , and that in (my) (aur) apinion death occurred on the date and have and from the above, (1) (we) (did) (did not) view the body after death. |  |                    |                         |   |                    |          |  |            | ond from the                                    | causes stated                              |  |
|   |   | 22b. SIGNATURE   |                    | . 0                     |   | DEGREE             | 10000    | UEDICA: CTAI   |            | 22c DATE  | SIGNED                                     |  |
|   |   | Elwand   | しかし                | 700g                    | u M   |                    | SICIAN   | MEDICAL STAI   | IAN        | 90  | kr 87.                                     |  |
| 1 |   | 77d PHYSICIAN'S NAME (TYPE OR PRINT)   |                    |                         |   |                    |          |  |            |   |  |  |
|   |   | E. WOODS, CDR, MC, USN BETHESDA, MD 20814-5  |                    |                         |   |                    |          |  |            |   |  |  |
|   | 23a. B  | URIAL, CREMATION, REMOVAL  | 23b DATE           | 23c. N                  | NAME OF C                                     | EMETERY OR CREA    | MATORY   | 23d LOCATION   |            | COUNTY  | STATE                                      |  |
|   |   | Burial   | Apr 6.             | , 1987 G1               | en Ha   | ven Mem.           | Park     | Glen Bu  | rnie       | A A Co  |  |  |
| Ш | 24 EI   | INIEDAL DIRECTOR   | 100/               |                         |   |                    | 250 DATE | DEC'D BY DECISTO AD  | TEL DECICT | DAD'S SICHLAT                                   | LIDE                                       |  |

DHMH - 16 60M 7/84 (VRA 15, 4)

Singleton Funeral Home Glen Burnie, Maryland

6 1987 APR

Julia Divideon Radall

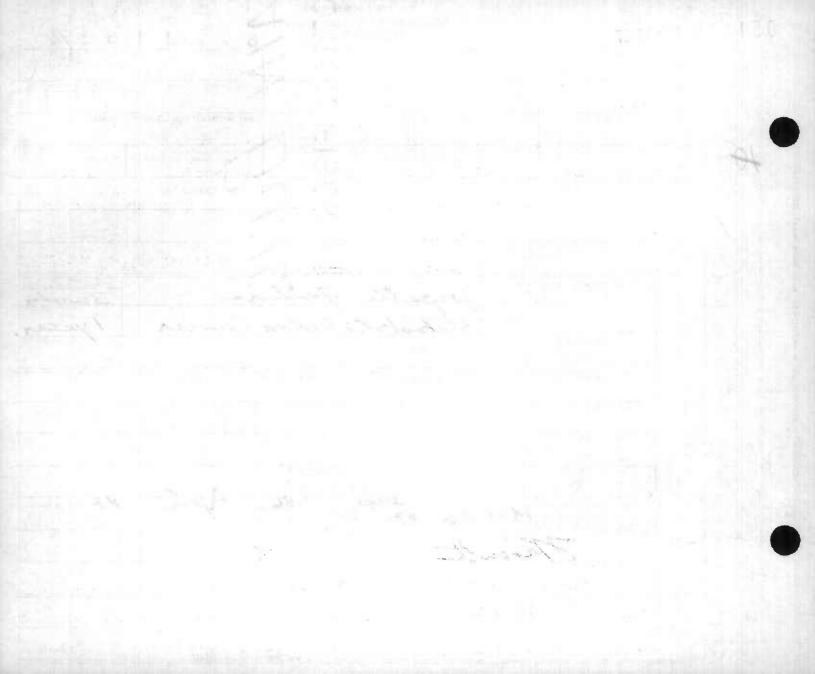
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| STATE OF MARYLAND |  |
|-------------------|--|
|-------------------|--|

| 5 1           | FOR STATED 7 REGISTRAR                               |  | DEPARTA                              | MENT OF HEALTH                               | AND MENTAL HYG<br>OF DEATH                    | IENE<br>8 7 REG. NO               |  | 6 1               | 2                                |  |  |
|---------------|--|--|--------------------------------------|--|---|-----------------------------------|--|-------------------|----------------------------------|--|--|
|               | DECEASED NAME  | FIRST A                                | AIDDLE                               | LAST   |   | 20. DATE OF DEATH                 | MONTH DA   | AY YEAR           | 2b. HOUR                         |  |  |
| 1 "           | Ri.  | ta I                                   | н.                                   |  |   | April 17, 1987                    |  |                   | M                                |  |  |
| 3. 3          | SEX  | 4 RACE                                 | 4 RACE                               |  |   | 6. AGE (IN YEARS LAST BIR         |  |                   | IF UNDER 24 HRS                  |  |  |
|               | Female   | Caucasi                                | Caucasian                            |  | 1924  | 62                                | YRS.   | ONTHS DAYS        | HOURS MIN.                       |  |  |
| 7a.           | BIRTHPLACE (STATE OR FOR                             | EIGN 76. CITIZEN OF                    | 7b. CITIZEN OF WHAT COUNTRY?         |  | 8. MARRIED NEVER MARRIED   WIDOWED   DIVORCED |                                   | 9 BALTIMORE CITY OR COUNTY OF DEATH                            |                   |                                  |  |  |
|               | New York   | IISA                                   |                                      |  |   |                                   |  |                   |                                  |  |  |
|               | CITY OR TOWN OF DEATH                                | 1 11. NAME OF H                        | HOSPITAL, NURSIN                     | IG HOME OR OTHE                              | RINSTITUTION                                  | 120 USUAL OCCUPATI                |  | 12b. KIND OF      | MD.<br>BUSINESS OR               |  |  |
| 1             | Silver Spring  |  | 12511 Winexbur                       |  |   |                                   | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE OWN |                   |                                  |  |  |
| US            | JUAL RESIDENCE (IF NURSING                           |  |                                      | RE ADMISSION)                                |   |                                   |  |                   | 20906                            |  |  |
|               |  | Montgomerv                             | Silver S                             |  |   | 13e.STREET ADDRESS /              |  |                   |                                  |  |  |
|               | FATHER'S NAME  |  |                                      |  | THER'S MAIDEN NAM                             | ME                                | пехииг   |                   | DLIVE                            |  |  |
|               | _Solomon   | MIDDLE                                 | Levine                               | \$16,41.70                                   | Belle   | MIDDLE                            |  | Cohon             |                                  |  |  |
| 160           | . WAS DECEASED EVER IN                               |  | 16b. SOCIAL SECU                     | RITY NO. 17 INFO                             | ORMANT  | ADDRE                             |  | Cohen             |                                  |  |  |
|               | (YES, NO OR UNKNOWN) (                               | IF YES, GIVE WAR OR DATES)             | 459 24 5                             | 071 Mark                                     | rav Berge:                                    | r:#101sily                        | er Spr   | ing, Md           | 20906                            |  |  |
| CERTIFICATION |  | ICANT CONDITIONS CO                    |                                      | DEATH BUT NOT RE                             |   | INAL DISEASE OR CON               | 20b. IF YES,   | WERE FINDING      | GS USED                          |  |  |
|               |  |  |                                      |  |   | YES NO                            | IN CERTIFY<br>YES  | ING CAUSES C      | NO T                             |  |  |
|               | 00.000,000,000,000,000                               | SE OF DEATH HOUR A.                    | M. MONTH DA                          | Y YEAR                                       | OW INJURY OCCURR                              | ED (ENTER NATURE OF INJUI         | RY IN ITEM 18 PAR  | PT 1 OR PART 2)   |                                  |  |  |
| MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK | LAT MOME STO                           | OF INJURY<br>EET, FACTORY, OFFICE, F |  | CATION  | CITY OR TO                        | WN   | COUNTY            | STATE                            |  |  |
|               | 22a.1 certify that (1) (the sow the deceased         | nis hospital) attended the<br>alive on | 2 19 8                               | 7—, and that in                              | 19 <b>86</b><br>1 (my) (our) opinion o        | , to<br>death occurred on the do  | ote and hour   | 9.22, the         | ot (I) (we) lost<br>ouses stoted |  |  |
|               | 22b. SIGNATURE                                       | Mon                                    | Æ                                    | DEGREE                                       |   | MEDICAL STAI                      | F<br>IAN 🗌   | 22c. DATE SI      | GNED                             |  |  |
|               | 224. PHYSICIAN'S NAM                                 |  |                                      | 22e AD                                       | DDRESS  |                                   |  |                   |                                  |  |  |
|               | Fre  | ederick Smit                           | h, Md.                               | 540  | 1 Western                                     | Avenue, N.                        | W. Was   | h, D.C.           | 20015                            |  |  |
| 230           | BURIAL, CREMATION, RE. (SPECIFY) Burial              | MOVAL April 1                          | 0 1007                               | NAME OF CEMETERY OR CREMATORY<br>Ount Ararat |   | 23d LOCATION CITY OF TOWN Farming | dale,  | COUNTY<br>Long Is | land, NY                         |  |  |
|               | FUNERAL DIRECTOR                                     |  | ADDRESS                              |  |   | REC'D. BY REGISTRAR               | 25b. REGISTRA  | AR'S SIGNATU      | ₹E                               |  |  |
| . :           | Ives-Pearson   | Funeral Hom                            | es, Fall:                            | s Church,                                    | VA. AD  | 0 0 0 1087                        | 1. 5   | widson Ra         | ndalla                           |  |  |

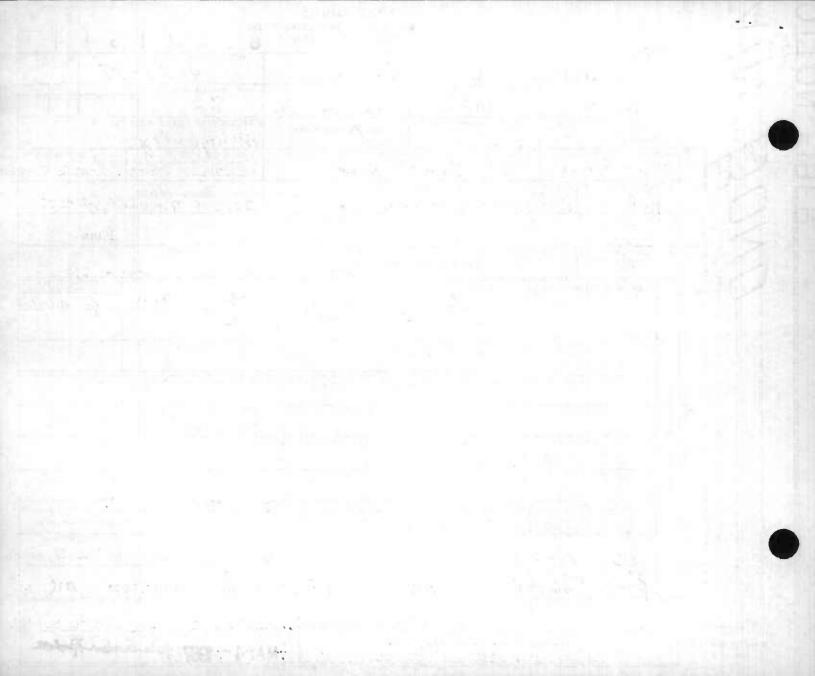


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH P DECEASED NAME 2b. HOUR LTYPE OR PRINT H. MARK BERMAN 1987 April 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3. SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH Male 1890 White Aua. 96 TO BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED England U.S.A. WIDOWED XX DIVORCED Montgomery County, 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (LE NOT IN SUCH EACILITY, GIVE STREET ADDRESS)
Suburban Hospital Bethesda Clothing Manufac. Clothing Indu USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13r. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Montgamery Potomac YES T 10306 Snowpine Way (20854) 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Pitcharnich Hannah Isaac Berman IAN WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT Potomac, Md. 20854 (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DAYES! 291-05-3150 Barbara Jacowitz: Daughter: 10306 Snowpine Way: NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY nernonia weeh IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Years Corone Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO F 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC ! NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an pori) and that in (my) (and) apinion death accurred on the date and haur and fram the causes stated abave, (1) (merraid) (did not view the bady after death 226. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN April 9,1987 FUNERAL 22e ADDRESS should by MPORT SIDNEY COHEN, M.D. 121 Congresstional Lane; Rockville, Md. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 4/12/87 New Agudas Achim Cemetery; Columbus, Ohio Burial 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG, MEMORIAL CHAPELS DHMH - 16 60M 7/84 Sinder Rudall 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)

Promise and Englished their deline . It I work 150 Corres dens diames CA & 1-04 38 A 200 5 1004 Metal Transmitter State At 993

|  | 1              | FOR  | DEPART   | MENT OF HEALTH AND MENTAL HY                    | GIENE   |  |
|--|----------------|--|--|---|---|--|
| 052400 my  |                | REGISTRAR  |  | CERTIFICATE OF DEATH                            | 8 / REG. NO.  | 6 4  |
| 1 75   |                | OR PRINT)  | MIDDLE   | Bernard   | 20 DATE OF DEATH MONTH DA   | 87 6:45p M   |
| pe 4 mg  | 3 SE           |  | white  | S. DATE OF BIRTH  MONTH DAY YEAR  12 13 04      |   | FUNDER 1 YEAR IF UNDER 24 HRS                        |
| 01/3   | 1              | RTHPLACE (STATE OR FOREIGN 7)  | Canada   | MARRIED NEVER MARRIED WIDOWED DIVORCED          | 9 BALTIMORE CITY OR COUNTY  | DF DEATH AND   |
| of the state of th | 10 C           | TY OR TOWN OF DEATH  |  | NG HOME OR OTHER INSTITUTION                    | 12a USUAL OCCUPATION (IVPE OF WORK FOR MOST OF WORKING LIFE) Restaurant Owner | 126 KIND OF BUSINESS OR INDUSTRY Bernards Tavery     |
| 24 hours   | USU.<br>13a. S | AL RESIDENCE (IF NURSING HOME OR OF LATE 136 COUNT   | OTHER INSTITUTION GIVE RESIDENCE BEFORE  130 CITY OR TOW  SOMELY S | /N ( 13d. INSIDE CITY LIMITS?                   | 130.STREET ADDRESS / ZIP CODE<br>2010 France                                  | le Ave20902  |
| MARYL<br>Margarette  | 14 FA          | THER'S NAME FIRST  Tamo A  | Ronnan   | 1s MOTHER'S MAIDEN N<br>Marry                   |   | Dunn   |
| or olid co   |                | VAS DECEASED EVER IN U.S. ARM<br>(ES. NO OR UNKNOWN) (IF YES, GIVE                             | NED FORCES? 166 SOCIAL SECU  | JRITY NO. 17 INFORMANT                          | and wike sam  | e as #13   |
| VST., BALI   |                | 18 CAUSE OF DEATH (Enter only<br>PART I. DEATH WAS CAUSED<br>IMMEDIATE                         |  | g Cancer  | with brain  | approximate interval BETWEEN ONSET AND DEATH  MONTHS |
| es that the death certifications enabled armin 24 red by the ottendre physician and complete, illip please remave carban applyician and complete, fillip please remave carban applying general conditions to other traumatic general the prediction arministration.  |                | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)       |   | uses  |  |
|  | NOI            | PART 2. OTHER SIGNIFICANT CO   | ONDITIONS CONTRIBUTING TO  | DEATH BUT NOT RELATED TO THE TER                | MINAL DISEASE OR CONDITION GIVE   | N IN PART 110  |
| NR RECO  | CERTIFICATION  | 19a DATE OF OPERATION  | 196. CONDITION FOR WHICH   | OPERATION WAS PERFORMED                         |   | WERE FINDINGS USED<br>ING CAUSES OF DEATH?           |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig as the buriol-transit permit. Then this and Mental Hygiene prior to be orked or frem 18 shows any injury  |                | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH                                    | HOUR A.M. MONTH D.   | AY YEAR   | RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR                                   | T 1 OR PART 2)                                       |
| NUSION  AG PHYS  attention  iter this can be as the burn  hond Me  riked or it   | MEDICAL        | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, I       |   | CITY OR TOWN  | COUNTY STATE   |
| ATTENDINGS Spitol or CTOR. Af for use to of Health 21 is made  |                | 220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did nat) | April 27   | NOV 19 S<br>87 , and that in (my) (aur) apiniar | 6 to April 27 19  | p 87, that (It (we) last and from the couses stated  |
| TAL OR A<br>y the hose<br>the DIREC<br>detoched<br>detoched<br>out. If hem   |                | PTA SMANATURE SALA   | er   | DEGREE ATTENDING PHYSICIAN                      | MEDICAL STAFF  ☑ DIRECTOR □ PHYSICIAN □                                       | April 27, 1987                                       |
| O HOSPI  |                | PHYSICIAN'S NAME (TYPE OR  | er mi  | 220 ADDRESS<br>3947 Ferra                       | ra Dr. Wheat  | on md  |
| BP   |                | URIAL, CREMATION, REMOVAL<br>SPECIFY) BUTIAL   | May 1, 1987 Ga   |   | tery Silver Spring  | Montgomery Md.                                       |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  |                |  | cis J. Collins.<br>ud. West. Silve                                 | Jr. Spring. Md. 2090                            | MAY 4 - 1987  | AR'S SIGNATURE                                       |

STATE OF MARYLAND



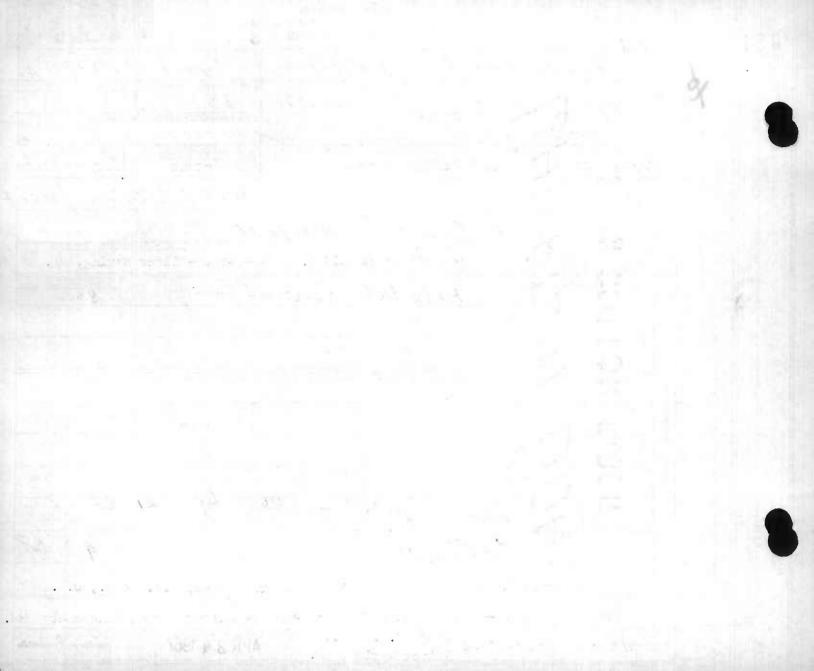
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THE LANGE SECTION AND A SECTION ASSESSMENT A

71.73

Silver Spring, Md.

(VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26. HOUR DECEASED NAME (TYPE OR PRINT) 2:15a M April 16, 1987 Lu1a Blueford 4 RACE 5. DATE OF BIRTH 3 SEX November 15, 1898 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States Montgomery County WIDOWEDK Maryland DIVORCED T 126. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION IR CITY OR TOWN OF DEATH INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE Own Home Shady Grove Adventist Hospital Homemaker Rockville 15210 Elkridge Way 13g. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13. STREET ADDRESS Silver Spring YES X 20906 Maryland Montgomery 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIRCT Roberts Hallie Willian Powell S. 17 INFORMANT Lorraine Elder Z7 Terrapin Hill Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Brandon, Mississippi 39042 (Daughter) 577-84-1686 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Acube IMMEDIATE CAUSE (g) Execuded Sufaction Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 206 IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NOX 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC ) 220.1 certify that (1) (this hardward) Del 151199 saw the deceased alive an\_ and that in (my) (aux) apinion death accurred an the date and have and from the causes stated abave, (1) (ae) (did) (did not) view the body after death 226 SIGNATURE DEGREE PHYSICIAN P DIRECTOR PHYSICIAN 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE Arlington National Cemetery Buria1 Arlington, Virginia 7557 Wisconsin Avenue Bethesda, Maryland 20814 DHMH - 16 50M 4/82 (VRA 15, 4)

poge 3

| DEPART                             | STATE OF MARYLAND<br>MENT OF HEALTH AND MENTAL HY<br>CERTIFICATE OF DEATH | GIENE REG. NO.                               | 6 1 9   |
|------------------------------------|---|--|---|
| WIDDLE                             | LAST  | 20. DATE OF DEATH MONTH                      | DAY YEAR 26 HOUR                                |
| Wimer                              | Blume   | April 29, 19                                 | 87 10:10am                                      |
| ACE                                | 5. DATE OF BIRTH MONTH DAY YEAR   | 6. AGE (IN YEARS LAST BIRTHDAY)              | MONTHS DAYS HOURS MIN.                          |
| Caucasian                          | May 11 1902   | 84 YRS                                       | Moving Days Movies                              |
| ITIZEN OF WHAT COUNTRY?            |   | 9. BALTIMORE CITY OR COUNTY                  | OF DEATH  |
| U.S.A.                             | WIDOWED X DIVORCED  | Montgomeru                                   | MD.   |
| NAME OF HOSPITAL, NURSI            | NG HOME OR OTHER INSTITUTION  | 120 USUAL OCCUPATION                         | 12b. KIND OF BUSINESS OR                        |
| Censinaton Gar                     | dens Nursing Cente  | 1  | Homemaker                                       |
| R INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION)  |  |   |
| nery Kensingt                      |   | 13. STREET ADDRESS / ZIP CODE 10507 Parkwood |   |
|                                    | 15. MOTHER'S MAIDEN NA  | AME  |   |
| W. Wime                            | r Susan   | MIDDLE                                       | Harper  |
| FORCES? 16b. SOCIAL SECI           |   | ASPRESS COR                                  | chester Drive                                   |
| CORDATES)                          |   |  |   |
| 577-26-                            |   | Kensington,                                  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| AUSE (a) CARCLA                    | roma of THE   | GLON   | 6 MONTHS  |
| DUE TO, OR AS A CONSEQU            | ENCE OF   |  |   |
| (b)                                |   |  |   |
| DUE TO, OR AS A CONSEQU            | ENCE OF   |  |   |
| (c)                                |   |  |   |
| DITIONS CONTRIBUTING TO            | DEATH BUT NOT RELATED TO THE TER  | MIN AL DISEASE OR CONDITION GIV              | VEN IN PART Ita                                 |
| we In.                             | SULLN-DOPENDE   | T DIABLEC.                                   | _   |
| 196. CONDITION FOR WHICH           | OPERATION WAS PERFORMED   |  | S, WERE FINDINGS USED FYING CAUSES OF DEATH?    |
| GLON CANCE                         | ~   |  | ES NO   |
| TIME OF INJURY HOUR A.M. MONTH D   | AY YEAR 216. HOW INJURY OCCUP   | RRED (ENTER NATURE OF INJURY IN ITEM 18      | PART I OR PART 2)                               |
| P.M.                               | 19  |  |   |
| 21. PLACE OF INJURY                | ZII. LOCATION   | CITY OR TOWN                                 | COUNTY STATE                                    |
| (AT HOME, STREET, FACTORY, OFFICE, | PARM, ETC. ) STREET   | CITIONIONA                                   | STATE   |
| attended the deceased from.        | 5-13 1969   | - 10 4-29                                    | 19 7, tha (th) (we) last                        |
| 4/28 191                           | , and that in (my) (our) apinion  | death occurred an the date and had           |   |
| w the body after death.            | DEGREE  |  | 22c. DATE SIGNED                                |
| Eller                              | ATTENDING PHYSICIAN S   | MEDICAL STAFF                                | 4-29-17   |

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLA (AT HOM NOT WHILE 22a.1 certify that (1) (this haspital) attende

saw the deceased alive obave (1) we) (did) (tid nat) view the b

OTHER SIGNIFICANT CONDITION

GESTIVE FAILUR

22e ADDRESS

10400 Conn. Ave., #606, Kensington, Md.

Richard Pollen, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE

236 NAME OF CEMETERY OR CREMATORY

(SPECIFY) Burial

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

hemale.

Kensington

Maryland

1. FATHER'S NAME

Albert

(YES NO OR UNKNOWN)

TO BIRTHPLACE (STATE OR FOREIGN

Virginia

3. SEX

CERTIFICATION

Mabel

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TO STATE 136 COUNTY

160. WAS DECEASED EVER IN U.S. ARMED FORCE

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying cause last.

9a DATE OF OPERATION

ACCIDENT WAS UNDERLYING

18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY

136 COUNTY

Montgomery

MIDDLE

LIF YES, GIVE WAR OR DATE

IMMEDIATE CAUSE (a

4 RACE

NAME (IF NOT II

Kens

76 CITIZEN

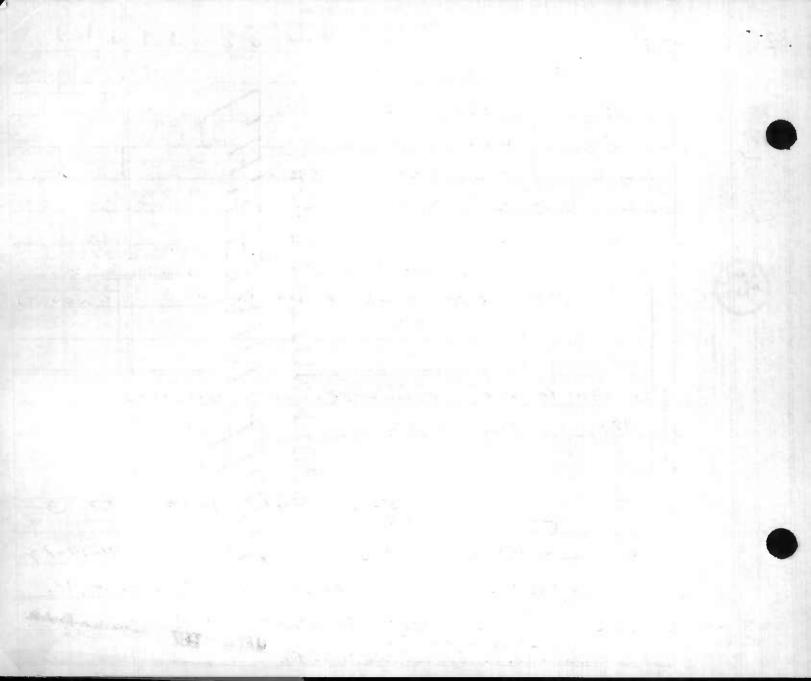
Lincoln Cemetery

May 1, 1987 24 FUNERAL DIRECTOR Francis J. Collins Jr. Brentwood Prince Goo

morked or

DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blvd. W. Silver Spring. Md. 20901



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|          | 1 | 6 | -1) | 1 |
|----------|---|---|-----|---|
| REG. NO. | 1 | 0 | 60  | - |

|    | 1 -        | STATE<br>REGISTRAR                     |                |  |                          | CERTIF                | ICATE OF DEATH                   | 8 7 REG. NO                       | 3.                             | 5 2                     | U             |
|----|------------|--|----------------|--|--------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------------|-------------------------|---------------|
| 3  |            | CEASED NAME<br>OR PRINT!               | PIRST<br>PARIE |  | E,                       | Blun                  | AST<br>DENAUER                   | 20. DATE OF DEATH                 | MONTH DAY                      | -87                     | 26 HOUR 530 M |
|    | 3. SEX     | Female                                 |                | 4 RACE<br>Whit                           | e                        | Sept                  | 18, 1909 EAR                     | 6. AGE (IN YEARS LAST BIR         | THDAY) IF U                    | INDER I YEAR            | HOURS MIN.    |
| 35 |            | RTHPLACE (STATE ORI                    | FOREIGN        | U.S.A                                    | WHAT COUNTRY?            | 8<br>MARRIE<br>WIDOWE | D NEVER MARRIED DIVORCED         | MONTE CITY O                      | RCOUNTY OF                     | DEATH                   | MD.           |
| 0  | Be         | ethesda                                |                | SUBUR                                    | DAN                      | ADDRESS)              | DR OTHER INSTITUTION             | Retired U.                        | ON<br>EWORKING LIFEL<br>S. GOV | 126. KIND O<br>INDUSTRY | F BUSINESS OR |
| 35 | Ma         | AL RESIDENCE (IF NURS<br>Aryland       |                | gomery                                   | Bethesd                  |                       | 13d INSIDE CITY LIMITS? YES NO [ | 13e STREET ADDRESS .<br>5629 Madi | zip code<br>son Stre           | et 208                  | 17            |
| 50 | 2 /        | Rodger                                 |                | eale                                     | Porter                   |                       | 15 MOTHER'S MAIDEN NAME FIRST    | P. MIDDLE                         |                                | Catte                   | rton          |
| /  | 16a W      | VAS DECEASED EVER                      |                | MED FORCES?<br>E WAR OR DATES)           | 579-48-3                 |                       | Robert E.L.                      | Blumenauer                        |                                | d) sam                  | e as 13e      |
|    |            | 18 CAUSE OF DEAT<br>PART I. DEATH W    |                | ly one couse per<br>D BY:<br>E CAUSE (o) | Crehr                    | al const              | for faretion                     | - massin                          | 2                              | APPROXI<br>BETWEEN C    | MATE INTERVAL |
|    |            | Conditions, if any gove rise to im-    |                | DUE TO, OF                               | R AS A CONSEQUE          | to 1                  | Edmis phe                        | re                                |                                | 5M                      | ueks          |
|    |            | couse (o), stating underlying couse    | lost.          | DUE TO, OF                               | arch                     | ul                    | Vascular                         | lisene                            | 1                              |                         |               |
| 14 | ATION      | PART 2 OTHER SIGN                      |                |  |                          |                       | NOT RELATED TO THE TERM          | INAL DISEASE OR CON               | 1206. IF YES, W                |                         |               |
|    | CERTIFICA  | 21g. ACCIDENT WAS UNI                  |                | 1 21b. TIME O                            |                          | OPERATIO              |                                  | YES NO NO                         | IN CERTIFYIN                   | G CAUSES                |               |
| 1  | MEDICAL CI | OR CONTRIBUTING (IF EITHER NOTHEY MEDI | CAUSE OF DEA   | HOUR A./                                 | M. MONTH DA              | Y YEAR                | 71c. HOW INJURY OCCUR            | CED (ENTER NATURE OF INJU         | IY IN ITEM 18 PART             | 1 OR PART 2)            |               |
|    | MEC        | 21d INJURY OCCUR                       | HILE           |  | EET, FACTORY, OFFICE, FA | ARM, ETC )            | 1 LOCATION<br>STREET             | CITY OR TO                        | WN                             | COUNTY                  | STATE         |
|    |            | 22a. I certify that (I)                | ed olive on    | 2.5 6 50                                 | 19.8                     | 1                     | d that in (my) (aur) opinion (   | deoth occurred on the de          | ote and hour an                | nd from the o           |               |
|    |            | 236 SIGNIATURE                         | sine           | -0                                       | issur                    | uf.                   | ATTENDING PHYSICIAN              | MEDICAL STAL                      |                                | 274 DATE                | 6/87.         |
|    |            | Blaine                                 | Fitz           | gerald                                   | 00                       |                       | 8218 Wisco                       | onsin Ave. I                      | Bethesda                       | , Md.                   | 20814         |
|    |            | URIAL, CREMATION, SPECIFY) Buria       | _              | 23b. DATE<br>4/9/8                       |                          |                       | awn Cemetery                     | 23d. LOCATION CHY Balti           | more, N                        | Täryla                  | nd STATE      |

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Tyson Wheeler Funerals Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

APR 10 1987 Julia Danie Sygnature

Principal Control TROUGHEST RESIDENCE The Control of the Co est se come Constituyere processors in determine the series Smalege Cognitive ----- In by the funeral director, page 3 stilled within 72 hours offer death

| Į |               |   |  |                     |                            | STATI      | E OF MARY     | LAND            |           |                      |                 |                     |                         |
|---|---------------|---|--|---------------------|----------------------------|------------|---------------|-----------------|-----------|----------------------|-----------------|---------------------|-------------------------|
| ١ | 1.            | FOR<br>STATE                                  |  |                     | DEPART                     |            |               | MENTAL HY       | GIENE     | 40.3                 |                 | 1 4 1               | 2 1                     |
| ۱ | 7 1 1         | REGISTRAR                                     |  |                     |                            | CERTIF     | ICATE OF      | DEATH           | 8         | REG.                 | NO.             | 100                 | 2 1                     |
| Ì |               | CEASED, NAME                                  | FIRST Jai                                    | mes -               | MIDDLE Dougl               |            | AST           | Board           | 20 DAT    | E OF DEATH           | MONTH           | DAY YEAR            | 2b HOUR                 |
| ı | 17            | On relief                                     | CAMES  | ) (                 | laghes"                    | 1          | DOARO         |                 |           | · ·                  | tory!           | 28 1987             | 4:30 p                  |
| 1 | 3 SEX         | (   | 4.   | RACE                | 0                          | S. DATE C  |               |                 | 6 AGE     | (IN YEARS LAST E     | BRTHDAY)        | IF UNDER I YEAR     | IF UNDER 24 HRS         |
| ı |               | Male  |  | white               |                            | 09         | ١٩            | 1950            |           | 36                   | YRS             |                     | HOURS MIN.              |
| Į |               | RTHPLACE ISTATE OF                            | R FOREIGN 76                                 | . CITIZEN OF        | WHAT COUNTRY?              | 8.         | - D NEVE      | MARRIED XX      | 9 BALT    | MORE CITY            | OR COUN         | TY OF DEATH         |                         |
|   |               | ountry) Kentucky                              | 1  | United              | States                     | WIDOWE     |               | DIVORCED T      | m         | ntan                 | nery            | Cou                 | ntv M                   |
| 1 | _             | TY OR TOWN OF DE                              |  | I. NAME OF          | HOSPITAL, NURSIN           | IG HOME C  |               | STITUTION       |           | JAL OCCUPA           | TION            | 126. KIND C         | OF BUSINESS OF          |
| 1 | B             | ethorala                                      | - 1  | 5000                | HEACILITY, GIVE STREET     | ospita     | a 1           |                 | 1         | work for MOS         |                 |                     | onian Ins               |
| 1 |               | AL RESIDENCE (IF NUI                          |  |                     | GIVE RESIDENCE BEFORE      | AOMISSION) |               |                 |           |                      |                 |                     | 400                     |
| 4 | 13a S         | irginia                                       | Fai:   | rfax                | 136 CITY OR TOW<br>Alexand |            | 13d. INSIDE   | NOXX            |           | et ADDRESS<br>1 10th |                 |                     | 7720                    |
| 7 | 100           | THER'S NAME                                   | 1 141.                                       | LIUA                | nickana                    | LIU        |               | R'S MAIDEN NA   |           | ± 10th               | Stree           | et, #B-1            | 1 2230                  |
| 1 | )             | FIRST   |  | DOLE                | LAST                       |            |               | FIRST           |           | MIDOLE               |                 | LAS                 |                         |
| 7 | IAn W         | Robert VAS DECEASED EVE                       | C RINIIS ARM                                 |                     | Board<br>166 SOCIAL SECL   | IRITY NO   | 17. INFORA    | Betty           |           | ADD                  | RESS            | Stoi                | it                      |
| 1 |               | ES NO OR UNKNOWN)                             |  | WAR OR DATES)       |                            |            |               |                 |           |                      |                 |                     |                         |
| ı |               | No  |  |                     | 406-72-2                   | 858        | W. Je         | ffrey P         | atche     | 211, 5               | Same a          |                     |                         |
| ĵ |               | PART I. DEATH                                 | TH (Enter only WAS CAUSED                    | one cause per<br>BY | 7                          | (          | ~             |                 |           |                      |                 | BETWEEN             | ONSET AND DEATH         |
| ı | 11            |   | IMMEDIATE                                    | CAUSE (o)           | Kespira                    | Tor        | y to          | RILLIA          | 2         |                      |                 | hov                 | 42                      |
| ı |               |   |  | DUE TO, Q           | RAS A CONSEQUI             | ENCE OF    | 7             |                 |           |                      |                 |                     |                         |
| I |               | Conditions, if an                             |  | (b)                 | Luen                       | non        | No            |                 |           |                      |                 | day                 | 15                      |
| I |               | couse (0), stati                              | ing the                                      | DUE TO, O           | R AS A CONSEQUE            | ENCE OF    | 0             | (.              |           |                      |                 |                     | 4                       |
| I |               | underlying cous                               | e lost.                                      | (c)_                | Crypto                     | 100        | cal           | 11/40           | C77       | m                    |                 | Ina                 | MILL                    |
| I | 7             | PART 2 OTHER SIG                              | INIFICANT CO                                 | 11 .                | Charles .                  |            | NOT RELATI    | ED TO THE PERA  | 1         |                      |                 | IVEN IN PARTA       | 0 1 1                   |
| 1 | 2             | - 1   | to cocco                                     |                     | 1 4 12                     | equire     | & Imm         | Madate          | ieny      | Sylda                |                 | LANGERIA            | - drong                 |
| ١ | CERTIFICATION | 190 DATE OF OPER                              | ATION  | 196 COND            | IT ON FOR WHICH            | PERATIO    | N WAS PERF    | ORMED           | 296 4     | UT OPSY?             | 10b IF Y        | ES, WERE FINDI      | NGS USED<br>S OF DEATH? |
|   | FT            |   |  |                     |                            |            |               |                 | YES [     | ] NO[]               |                 | YES 🗌               | NO 🗌                    |
|   |               | OR CONTRIBUTING                               |  | 11b. TIME C         | FINJURY<br>M. MONTH D      | AY YEAR    | 21c HOW       | INJURY OCCUR    | RED (ENT  | ER NATURE OF IN      | JURY IN ITEM 18 | B PART I OR PART 2) |                         |
| 1 | EDICAL        | LIFEITHER NOTIFY MEE                          | DICAL EXAMINER)                              |                     | Μ,                         | 19         |               |                 |           |                      |                 | 198.00              |                         |
| ı | VED           | 21d INJURY OCCUI                              |  | 21e PLACE           | OF INJURY                  | ARM ETC )  | 21f LOCAT     |                 |           | CITY OR              | TOWN            | COUNTY              | STATE                   |
| ١ | -             | AT WORK AT W                                  | ORK C  |                     |                            |            |               |                 |           |                      |                 | 5                   |                         |
|   |               | 22a I certify that (                          |  |                     |                            | ( to )     |               | 19.85           | , to      | 28 1                 | PI              | . 19 8              | that (1) (we) los       |
|   |               | sow the deceo<br>obove, (I) ( <del>we</del> ) | sed olive on<br>(did) ( <del>did not</del> ) | view the body       | otter death.               | , or       | nd that in (m | y) (ma) opinion | deoth occ | urred on the         | date and h      | our and from the    | couses stated           |
|   | -             | 226 SIGNATURE                                 | 1  | L                   | ((                         |            | DEGREE        | ATTENIONIC      | MED!      |                      | 455             | 22c. DATE           |                         |

270 ADDRESS.

DIRECTOR PHYSICIAN

23b. DATE 230 BURIAL, CREMATION, REMOVAL [SPECIFY] 4-30-87

Burial

236 NAME OF CEMETERY OR CREMATORY Cave Hill Cemetery

23d LOCATION Louisville,

STATE Kentucky

24 FUNERAL DIRECTOR L. D. Pearson & Sons Funeral Home 149 Breckenridge Lane, Louisville, KY 40207

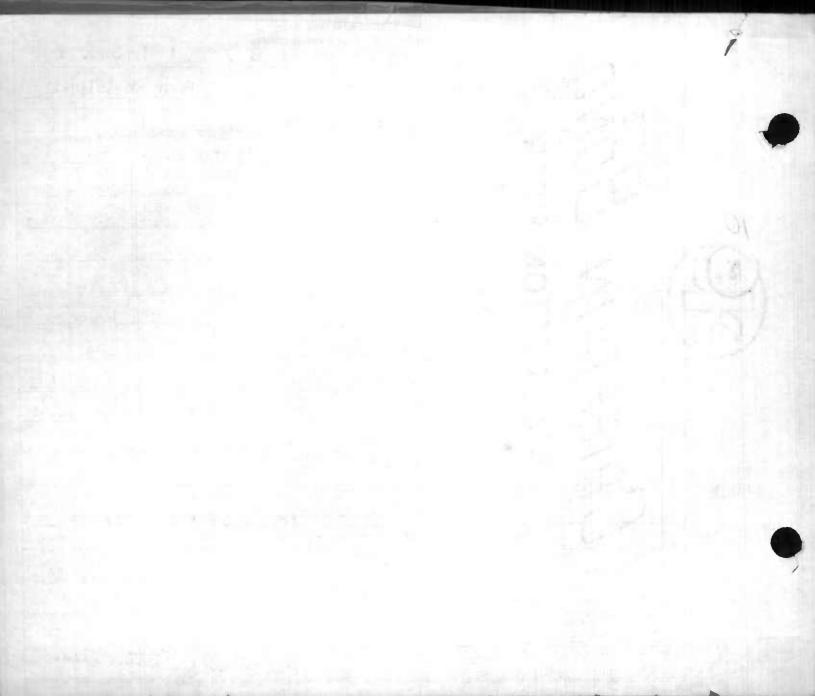
MAY 1 - 1987

OHMH 16 60M 7/84

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removed the State Dept of Health and Mental Hygiene prior to burial, crema

IMPORTANT: If Item 21 is marked or Item 18 sho



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 131966 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) Booth Pamela T 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 1 SEX DAYS HOUR5 Nov. 20, 1946 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery DIVORCED XX Washington D.C. USA WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Washington Adventist Hospital Takoma Park Clerk Computer Sales 13+ STREET ADDRESS / ZIP CODE the City OR TOWN 13d. INSIDE CITY LIMITST 16308 Pond Meadow Lane Maryland Prince Georg Bowie YES KK IS MOTHER'S MAIDEN NAME IL FATHER'S NAME **WIDDLE** AMDOUS Monroe King Doris Hall 16s. WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 17 INFORMANT Same as 13e Doris REPROFIMATE INTERVAL BETWEEN ONGET AND DEAT IN CAUSE OF DEATH JEMPS only one couse pr PART I DEATH WAS CAUSED BY cause (a), stating underlying: cause last TALDISEASE OF CONDITION GIVEN IN PART 1111 78s AUTOPSY 7th JEYES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PE ERTIFYING CAUSES OF DEATH? NOF YES [7] 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN WHILE (1) (this hospital) attended the deceased from 220 I certify that and that in (my) (our) opinion death occurred or TTENDING PHYSICIAN THEETON PHYSICIAN should be dete with the State IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Lewis H. Dennis MD 311 Addison Road, Seat Pleasant 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b DATE STATE COUNTY Burial Ft. Lincoln Cemetery Brentwood. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 16000 Annapolis Road. DHMH - 16 60M 7/B4 Home Bowie, Maryland (VRA 15, 4) Beall Funeral

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LTYPE CHIPROLI ADFOR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4: RACE 1.5EX YEAR DAIS MONTH Female **Black** July 6,1888 BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE TOTAL OFFICE ON Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED /./ .mnv'nn WIDOWED ! DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME CH OTHER INSTITUTION, GIVE RESIDENCE BOFORE ADMISSION 13 CATY OR TOWN 13d ANSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO [ 15 MOTHER'S MAIDEN NAME 6851 MIDDING. FIRST CHANG-NNA ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT OF 163, GIVE WAR OF DATEST BERNICE -10 DASS DAUGHTER 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF EREARAL RIEEDING Conditions, if any, which gave rise to immediate cause its, stating the DUE TO, OR AS A CONSEQUENCE OF underlying course lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED No DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21s. ACCIDENT WAS UNDERTRING [17] 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR DECONTRIBUTING CAUSE OF DEATH LE STEMES NOTIFY MEDICAL FRAMINEST P.M. 19 211. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE ! 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) |well (mid (did not) view the body after death 224 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 8 HEZE W 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 236. DATE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)



| the state of   |               |   |                                  |                                |             | OF MARYLAND                     |                  |                                       |  |   |
|--|---------------|---|----------------------------------|--------------------------------|-------------|---------------------------------|------------------|---------------------------------------|--|---|
|  | 1-            | FOR<br>STATE  |                                  | DEPART                         |             | ALTH AND MENTAL H               | IYGIENE          |                                       | 110                                      | 1                                       |
|  | 1.05          | REGISTRAR   |                                  | MIDDLE                         | CEKTIFI     | CATE OF DEATH                   | 8                | BEG. NO.                              | 149                                      | 5                                       |
| 52087 IN -   |               | ORPRINT) LILL   | IE                               | ELLA                           | 131         | RITTON                          | 20. DATE 9       |                                       | mil 33 19                                | 26 HOUR M                               |
| ge 4 mo<br>ector, po   | 3. SE         | Yemale  | 4 RACE<br>WAI                    | 16                             | 5. DATE OF  | BIRTH DAY YEAR 17 189           | 7 6 AGE (IN      | YEARS LAST BIRTHDAY)                  | MONTHS DI                                | YEAR IF UNDER 24 MRS                    |
| 8 11 de  |               | RTHPLACE (STATE OR FOREIGN  | 76. CITIZEN OF                   | WHAT COUNTRY                   | ? 8         | _ / /.                          | 9 BALTIMO        | DRE CITY OR COL                       | UNTY OF DEATH                            | н                                       |
| t  |               | MARYLAND  | U.                               | S.A                            | WIDOWED     |                                 | 5                | MONTE                                 | TOMERY                                   | MD.                                     |
| of the day   | -             | KOMA PALK   |                                  | HOSPITAL, NURSI                |             | OST HOSPITA                     | (TYPE OF WOR     | OCCUPATION RK FOR MOST OF WORK MEMAKE | KING LIFE) INDUST                        | ND OF BUSINESS OR                       |
| THEST OF THE CONTROL OF T   | 13a. S        | AL RESIDENCE (IF NURSING HOME O<br>TATE 136 COU   | NTY                              | 13c. CITY OR TON               |             | 13d. INSIDE CITY LIMITS'        | 13e STREET       | ADDRESS / ZIP O                       | CODE AVEN                                | 20912<br>NUE                            |
| within the within the within the world w | 14. FA        | THER'S NAME FIRST  MARION   | MIDDLE                           | COLEMA                         | /           | 15. MOTHER'S MAIDEN             |                  | AMANDA                                | -  | TAYLOR                                  |
| Adicol Ohn   |               |   | RMED FORCES?<br>VE WAR OR DATES) | 166 SOCIAL SEC<br>577-84-      | URITY NO.   | HAROLD M.                       | BRITTO           | ADDRESS<br>N (SON) 8                  | SOIS MAP                                 | LE AVE T.P.                             |
| hy icely because ovel.   |               | 18 CAUSE OF DEATH (Enter o  | nly one couse per                | line for (o), (b), o           | nd (c).)    |                                 |                  |                                       |  | PROXIMATE INTERVAL                      |
| ST., I   | >             | PART I. DEATH WAS CAUSI   | TE CAUSE (o)                     |                                | Cadu        | - Rusp Ar                       | rest             |                                       |  |   |
| on the confined on the confine |               | 08/   | DUE TO, O                        | R AS A CONSEOL                 |             | V                               |                  |                                       | 7  |   |
| deo offe offe offe offe offe   |               | Conditions, if any, which gove rise to immediate  | (b)                              |                                |             | CVA                             |                  |                                       | /  | days                                    |
| s that the ed by the slease rem rial, crems or other the   |               | couse (o), stoting the underlying couse lost.   | DUE TO, O                        | r as a conseol                 | JENCE OF    | CHY                             |                  |                                       | )  | uγ                                      |
| requires requires Then plut to buring injury.  | NOI           | PART 2. OTHER SIGNIFICANT   | CONDITIONS CO                    | ONTRIBUTING TO                 | DEATH BUT I | TOT RELATED TO THE TE           | RMINAL DISEAS    | E OR CONDITION                        | CAY IN                                   | 5-2                                     |
| he low roon.   | CERTIFICATION | 190 DATE OF OPERATION   | 196 COND                         | ITION FOR WHICH                | OPERATION   | WASPERFORMED                    | 200 AUTO         |                                       | IF YES, WERE FIN<br>ERTIFYING CAU<br>YES |   |
| PHYSICIAN: The ending physicion this certificate has buriol-tronsit fad Mentol Hydron Buriol-Hydron  |               | 210. ACCIDENT WAS UNDERLYING  | 21b. TIME O                      |                                | AY YEAR     | 21c. HOW INJURY OCC             | URRED (ENTER N.  | ATURE OF INJURY IN ITE                | M 18 PART I OR PART                      | 1 5)                                    |
| Sicily of principle of the principle of  | MEDICAL       | OR CONTRIBUTING CAUSE OF DE   | R) P.                            | M. 4-3                         | 198         | 1 Sy                            | DCOps            | Attack                                | a)                                       | A                                       |
| PHYS<br>endin  | MED           | 21d INJURY OCCURRED   | 21e PLACE                        | OF INJURY REEL FACTORY OFFICE. | FARM ETC )  | 211 LOCATION STREET             |                  | CITY OR TOWN                          | COUNTY                                   | Y STATE                                 |
| No Started   |               | AT WORK AT WORK   | 1                                | in                             |             |                                 | 2                | 0                                     | 16 07                                    |   |
| ATTEND<br>Spirtol or CTOR:<br>USB  |               | 220.1 certify that (1) this hosp<br>saw the decease a dive or<br>obove (1) (we) (did) Unid no | 4                                | 19                             | 1           | that in my) (our) opini         | on death occurre | ed on the date on                     | d hour and from                          | , thos(1)(we) lost<br>the couses stoted |
| the house of the h |               | 226. SIGNATURE  | 1 San                            | win                            | 00          | EGREE<br>ATTENDING<br>PHYSICIAN | MEDICAL          | STAFF PHYSICIAN                       | 11                                       | - 2887                                  |
| O HOSPITAL etoined by #I TO FUNERAL should be det with the Store MAD REALINE THE   |               | R.H.  | Sends                            | tron                           |             | 778) C                          | · lean           | AUR Ta                                | tomele                                   | will                                    |
| F 2 1 7 7 2  | 230 8         | URIAL, CREMATION, REMOVAL   | 23b. DATE                        | 23c                            | NAME OF CE  | METERY OR CREMATOR              | 23d. LOC.        | ATION<br>FOR JOWN                     | COUNTY                                   | noste                                   |
| BP   | 24 51         | BUTTAL<br>INERAL DIRECTOR   | May 4.                           | 1987 W                         | esky Ch     | and ameling                     | K                | ck Hall                               |  | max-                                    |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | 7             | Rome Funeral Alma   | 24 Aug                           | Try 2540                       | Janual s    | i Min De                        | APR 30           | REGISTRAR 256, RE                     | EGISTRAR'S, SIGN                         |   |

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR IT DECEASED NAME FIRST [TYPE OR PRINT] 4. RACE B. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 70. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Indiana WIDOWED DIVORCED Montgomery 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Holy Cross Hospital Housewike USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Marylana Silver Sprina 700 Dale Drive Montaomeru NO F 20910 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Baptist Grisez Emma Schaumann ADDRESS 3410 Anderson Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Daughter (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Frances M. No 308-01-2806 Kensington. Jones Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 2week Conditions, if ony, which gove rise to immediate couse (a), stating couse ETHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE-TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (1) this hospital) attended the deceased fro and that in my (our) apinion death occurred on the date and have and from the causes stated above (IIV 725 SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING should be deto with the State [ M PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 22d PHYSICIAN'S NAME ITYPE OF PRINT ST CIWER SPEING MD

DHMH - 16 60M 7/84

Burial (VRA 15, 4) 500 University Blvd. W. Silver Spring. Md. 20901

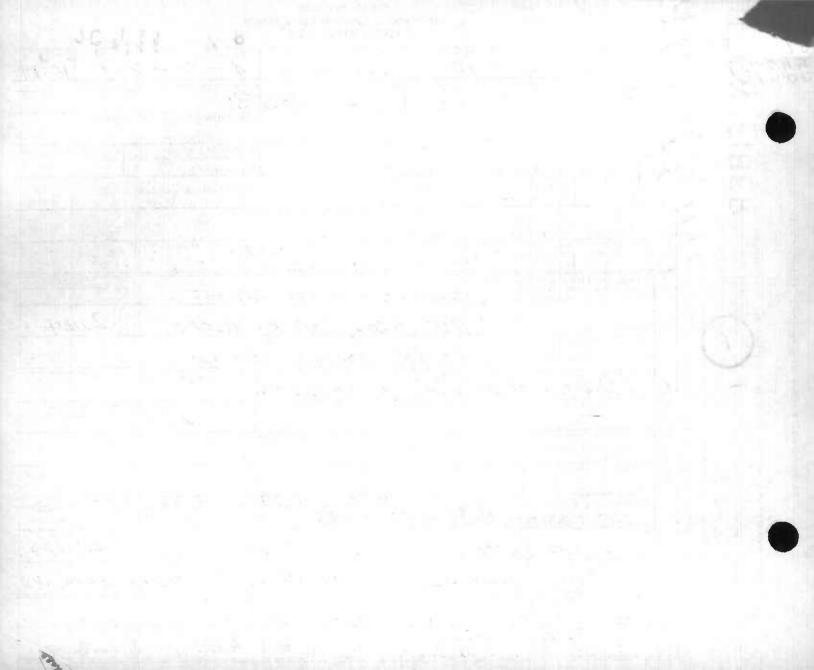
(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

May 4, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. 24 FUNERAL DIRECTOR Francis J. Collinsone Jr. ulia Dandon Par



|  | 1-            | FOR<br>STATE   |   |                                  | EALTH AND MENTAL HY              | GIENE              | 11                         | 1 20  |
|--|---------------|--|---|----------------------------------|----------------------------------|--------------------|----------------------------|---|
| 0 1 100 00   |               | REGISTRAR  |   |                                  | ICATE OF DEATH                   |                    | EG. NO.                    | 491   |
| be 3   |               | CEASED NAME FIRS   | F 1 Y N   | BR                               | $OW\Lambda$                      | APRIL              | ATH MONTH                  | 1987 1:55 PM  |
| 4 moy<br>or, pog<br>ofter de   | 3 SE          | And the second s | 4 RACE  | 5. DATE O                        | F BIRTH                          | 6. AGE (IN YEARS   | LAST BIRTHDAY)             | IF UNDER I YEAR IF UNDER 24 HRS<br>MONTHS DAYS HOURS MIN. |
| ours.  | P. DI         | TEMAZE  RTHPLACE STATEFOR FOREIGN  | White   | DUNTRY? 8.                       | -08/914                          | · Id               | YRS.                       | CEREATY   |
| 122  |               | COUNTRY) PN  | 16 CITIZEN OF WHAT CO   | MARRIEL WIDOWE                   | NEVER MARRIED DIVORCED           |                    | Montgo                     | MERY MD.  |
| 0.5  | S             | TYOR TOWN OF DEATH   | 11. NAME OF HOSPITAL  |                                  | R OTHER INSTITUTION              |                    | UPATION MOST OF WORKING LI | 12b. KIND OF BUSINESS OR INDUSTRY  ARPET                  |
| 1 35   | 130. S        | AL RESIDENCE (IF NURSING HO<br>STATE 13b. C  |   | OR TOWN                          | 136 INSIDECITY LIMITS?           | 13e.STREET ADD     | RESS ZIP CODE              | 2/ 2  |
| ond 2 th   | 14. FA        | THER'S NAME FIRST  | Rhown   | LAST                             | 15 MOTHER'S MAIDEN N             | AME                | DDLE                       | LAST  |
| Pages<br>Pages<br>medical  |               | VAS DECEASED EVER IN U.S   | S. ARMED FORCES? 16b. SOC<br>ES, GIVE YAR OR DATES) 207   | CIAL SECURITY NO.                | 17. INFORMANT                    | BROWN              | SAME I                     | As #13  |
| n signed by the attending of<br>Then please remove corbons<br>in to buriol, clemotion, a remi<br>injury, or othe troumptic eve   | NOI           | Conditions, if any, whice<br>gove rise to immediat<br>cause (a), stating the<br>underlying cause las   | DUE TO, OR AS A C   | PIRAT<br>ONSEQUENCE OF<br>FAOSIS | OF LIV                           |                    | R CONDITION GIV            | /EN IN PART Ita   |
| hos been to permit the prior p | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FO  | R WHICH OPERATION                | N WAS PERFORMED                  | YES NO             | IN CERTIF                  | S, WERE FINDINGS USED FYING CAUSES OF DEATH?              |
| ol-transintol Hyginal 8 sh   | _             | 21a ACCIDENT WAS UNDERLYIN<br>OR CONTRIBUTING CAUSE (<br>(IF EITHER NOTIFY MEDICAL EXA   | OF DEATH HOUR A.M. MO   | NTH DAY YEAR                     | 21c. HOW INJURY OCCU             | RRED (ENTER NATURE | OF INJURY IN ITEM 18. F    | PART   OR PART 2}   |
| the buri   | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e PLACE OF INJUR  | RY                               | 211 LOCATION<br>STREET           | CI                 | TY OR TOWN                 | COUNTY STATE  |
| CTOR: After use at the other m 21 is man   |               | 220.1 certify that (1) this<br>sow the deceosed always, (1) (we) (did) (d  | hospital) attended the deceased and the |                                  |                                  | ta 4//             | \$\langle 87.              | 19, that (I) (we) ost<br>or and from the causes stated    |
| y the he detache detache tote Dep  |               | 226. SIGNATURE   | Doenfu  |                                  | ATTENDING PHYSICIAN              | MEDICAL DIRECTOR   | STAFF                      | 226. DATE SIGNED 4/18/87                                  |
| TO FUNERA should be de with the Stot   |               | DAN BL   | WORONOU   | 7                                | BETHE                            |                    | DR Z                       | -0817   |
| Bb Take  |               | SURIAL CREMATION, REMO   | 04:21-87  | 10:11                            | EMETERY OR CREMATORY BERS CREMAT | OT OR T            | N<br>OWN<br>EKPALE         | He Mis  |
| DHMH - 16 60M 7/84   |               | NERAL DIRECTOR   |   | ADDRESS                          | 25a. DA                          | ATE REC'D. BY REGI |                            | TRAR'S SIGNATURE  |
| (VRA 15, 4)  |               | 11.111. ( XIDEN B)   | FOS CORP S  | ILVED O                          | Wa MIN A                         | DD 0 4 10          | 07 1:                      | Tid - D. lace   |



| DEPARTMENT OF HEALTH AND MENTAL HYGERE  CERTIFICATE OF DEATH  REGISTRAR  LIDELES ASD NAME INFO CHRIST  REGISTRAR  REGI |
|--|
| T. BROWN  T. BRO |
| The control of the co |
| 3. SEX  4. RACE  5. DATE OF BIRTH  MAY  27. 1935  51. YRS  6. AGE (IN YEARS LAST BRITHDAY)  WAS PROBLET THAT I BUNDER 72-HIS  MAY  76. BIRTHPIACE (STATE OF FOREON)  MARYLAND  U.S. A.  WIDDOWED  DESCRIPTION  MARYLAND  U.S. A.  WIDDOWED  DESCRIPTION  MARYLAND  U.S. A.  WIDDOWED  DOWNORD  DOWNORD  DOWNORD  DOWNORD  DOWNORD  DOWNORD  DOWNORD  DOWNORD  HONTIGOMERY  CO.  MD  MONTIGOMERY  MONTIGOMER |
| MALE  WHITE  MAY  27, 1935  51  YRS  MARKED  TO BIRTHPLACE (STATE OF FOREIGN OF WHAT COUNTRY)  MARYLAND  U.S.A.  WIDOWED  D DOORCED  MARYLAND  U.S.A.  WIDOWED  D DOORCED  MONTGOMERY  MON |
| MALE  MAY 27, 1935  To. BIRTHPLACE (STATE OF FOREIGN COUNTRY)  MARYLAND  U.S.A.  MONTGOMERY CO.  MONTGOMERY CO |
| MARYLAND  WARYLAND  WARYLAND  WOVED  MONTGOMERY CO.  MD  MONTGOMERY CO.  MONTGOMERY  MONTGOMER |
| MARYLAND  WIDOWED  DMORCED  MONTGOMERY CO.  MD.  WIDOWED  WIDOWED  DMORCED  MONTGOMERY CO.  MD.  WIDOWED  WIDOWE  WIDOWED  WIDOWERSON  WIDOWED  WIDOWE  WIDOWE |
| THE CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IPROCINS SUCCESSORY  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  ITRUCT WORK OF MOST OR MO |
| ROCKVILLE  SACY COLE TRANSPORTED INSURANCE  USUAL RESIDENCE (IF NURSING HOME OR CITER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a, STATE  13b, COUNTY  13d, STATE  13b, STATE  13b, STATE  13c, |
| USUAL RESIDENCE (# NURSING HOME OR CITERINSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 138 CITY OR TOWN  M. MONTGOMERY  M. MONTGOMERY  MONT |
| Md. MONTGOMERY GATTHERSBURG VES X NO 379 WESTSTDE DR. #102, 20878  14 FATHER'S NAME FIRST LOUIS F. BROWN  CATHERINE E. BROWN  CATHERINE E. BROWN  CATHERINE E. BROWN  CAME AS ITEM #13)  WESTSTDE DR. #102, 20878  IS MODIE FIRST  LOUIS F. BROWN  CATHERINE E. BROWN  CATHERINE E. BROWN  IS MODIE FIRST  LOUIS F. BROWN  CAME AS ITEM #13)  PART I. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF COUGH ON SET AND DEATH  OUT TO OR AS A CONSEQUENCE OF COUGH ON SET AND DEATH  OUT TO OR AS A CONSEQUENCE OF COUGH ON SET AND DEATH  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  |
| THE FATHER'S NAME FIRST LOUIS F. BROWN CATHERINE E. BROWN  CATHERINE E. BROWN  CATHERINE E. BROWN  IN INFORMANT  ADDRESS  (FYES, NO OR UNKNOWN) YES  RESIDENCE OF LAST  (FYES, OF UNKNOWN) YES  ROBERT  RESIDENCE  ROBERT  ROB |
| LOUIS F. BROWN  CATHERINE E. BROWN  Idea WAS DECEASED EVER IN U.S. ARMED FORCES?  Idea WAS DECEASED EVER IN U.S. ARMED FORCES?  If the WAS CAUSE OF THE SIGNAL CONTINUES OF THE WAS DECEASED EVER IN U.S. ARMED FORCES.  IT THE WAS DECEASED EVER IN U.S. ARMED FORCES.  IT THE WAS DECEASED EVER IN U.S. ARMED FOR IN U.S. ARMED FORCES.  IT THE WAS DECEASED EVER IN U.S. ARMED FORCES.  IT THE WAS DECEASED EVER IN U.S. ARMED FOR IN U.S. AR |
| The state of the s |
| YES KOREAN 217-32-9611 FRANCES BROWN (SAME AS ITEM #13)  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita   |
| B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita  |
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| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1ta   |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110   |
| 20 In Certifying Causes of Death?  |
| 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   |
|  |
| YES NO YES NO  |
| DE CONTRIBUTION DE CAMER OS PRASTA HOUR A.M. MONTH DAY TEAK  |
| 716. ACCIDENT WAS UNDERLYING   716. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)  OR CONTRIBUTING   CAUSE OF DEATH OUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  |
| 부형 발표로 등 / 집 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION   |
| WHILE NOT WHILE AT WORK AT WOR |
| 220.1 certify that (1) (this haspital) attended the deceased from  |
| sow the deceased alive on 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (dip) (did not) view the body after death.   |
| DEGREE 22% SIGNATION 22% SIGNA |
| PHYSICIAN DIRECTOR PHYSICIAN A 11487   |
| PHYSICIAN DIRECTOR PHYSICIAN DIR |
|  |
| 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION  |
| BP. CREMATION 4-16-1987 CHAMBERS CREMATORY RIVERDALE, P.G.C. Md.   |
| 24 FUNEDAL DIDECTOR  |
| OHAM - 16 60M 7/84  W. W. CHAMBERS CO. INC. SILVER SPRING, Md. APR 2.1 1987 Julia Distriction Confession Confe |

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|--|---------------|---|--|---------------|---------------------------------|-----------|-------------------------------------|-----------|--------------------------------|--------------------|----------------|------------------------|
| +9649 APR-   |               | FOR<br>STATE<br>REGISTRAR   |  | LITSIN        |                                 |           | EALTH AND MENTAL ICATE OF DEATH     | . HYGIENE | 2 7                            | 11                 | 6 2            | 9                      |
|  | 1. DE         | CEASED NAME   | FIRST                                    |               | MIDDLE -                        | 0'        | BROWN                               | 20        | REG. NO                        | MONTH DAY          | YEAR 2b        | . HOUR                 |
| y be<br>good 3<br>decity 3   | WI            | LLIAM /   | itsi                                     | nger          |                                 | 13        | rown                                |           |                                | 4/1                |                | 3:30 M                 |
| 4 94   | 3. SE         | ×   |  | RACE          | 00                              | S DATE C  | DAY YEAR                            | 1         | GE (IN YEARS LAST BIR          |                    |                | UNDER 24 HRS DURS MIN. |
| 8 45   | 70 B          | IRTHPLACE (STATE OR)  | EDREICH 1                                |               | WE.                             | 17        | 11 189                              | 9 B       | ALTIMORE CITY O                | YRS P COUNTY O     | E DEATH        |                        |
| T1. 18 35  |               | M D   | , OKEION I                               | 11 5          | THAT COUNTY                     | MARRIE    | NEVER MARRIED                       |           | montsome                       |                    | DEATT          | MD.                    |
| 0.00   | 10. C         | ITY OR TOWN OF DE   | ATH                                      | 11. NAME OF   | HOSPITAL, NURS                  | NG HOME C | R OTHER INSTITUTION                 |           | USUAL OCCUPATI<br>E FARMER STO |                    | 12b. KIND OF B |                        |
| 110  | 6             | rai Theys be  |  | Asbury        | Methodi                         | 41 VILL   | ye HWHE                             | C         | Y AIN HEIO                     | " WORKING (IFE)    | FARM           | 1                      |
| 135  | 13a.<br>M     | AL RESIDENCE (IF NURS<br>STATE<br>D.  | 136 COUN                                 | TY GOMERY     | GAITHER                         | WN        | 13d INSIDE CITY LIMIT<br>YES X NO [ |           | TREET ADDRESS                  | ZIP CODE<br>1 Ave. | #109           | 20877                  |
| 1 1443   | 14 F.         | ATHER'S NAME<br>FIRST<br>ALLEN  |  | OWIE          | BROWN                           |           | MELINDA                             | NAME      | E. MIDDLE                      | ות                 | VYER LAST      |                        |
| 1  | 16a \         | WAS DECEASED EVER   | IN U.S. ARA                              | AED FORCES?   | 16b SOCIAL SEC                  | URITY NO. | 17 INFORMANT                        |           | ADDRE                          |                    | 4 11010        |                        |
| ( A & ) 1/   |               | $\stackrel{NO}{NO}$   | (IF YES, GIVE                            | WAR OR DATES) | 218-24-                         | 0954      | Mabel A. I                          | Brown     | Same as                        | # 13               |                |                        |
| law requires that the death ce<br>is been signed by the attending<br>emit. Then please rettains carb<br>epries to burial, cremation, or a<br>my injury, ar other trainmatic. | CERTIFICATION | Conditions, if any, gave rise to improve (a), stating underlying cause  PART 2 OTHER SIGNATE OF OPERA | nediate<br>ag the<br>last<br>NIFICANT CO | DUE TO, O     | 1                               | JENCE OF  | NOT RELATED TO THE                  |           | DISEASE OR CON                 | 20b. IF YES, V     | IN PART TO     | USED<br>DEATH?         |
| 40 40 6  | E             | 210. ACCIDENT WAS UNI   | DERLYING 🗀                               | 21b. TIME C   | OF IN HIDY                      |           | 21c. HOW INJURY OC                  |           | ES NO X                        | YES [              |                | 10 🗌                   |
| No of the Source   |               | OR CONTRIBUTING   | CAUSE OF DEAT                            | HOUR A        | .M. MONTH (                     | DAY YEAR  | THE HOW INSORT OC                   | CORRED    | ENTER NATURE OF INJUI          | RT IN HEM 18 PART  | ORPART 2)      |                        |
| IG PHYSS<br>offeriding<br>for the Co<br>transformation<br>checker the  | MEDICAL       | 21d. INJURY OCCURI  | RED                                      | 21e PLACE     | OF INJURY REET, FACTORY, OFFICE |           | 211 LOCATION<br>STREET              |           | CITY OR TO                     | wN                 | COUNTY         | STATE                  |
| TALOR ATENDEN 7) the bospital or RALDRECTOR At defacible for use of tests Dept of Health NIT # New 21 is ma  |               | 220.1 certify that (1) saw the decease abave, (1) we) (c  | ed alive on<br>did) (aid no              |               |                                 | 87. or    | DEGREE ATTENDIN PHYSICIA            |           | occurred on the do             |                    |                |                        |
| HOSPI<br>Inset b<br>FUNE<br>did be<br>on to 5  |               | Ma PHYSICIAN STA  | 0  | noore         |                                 |           | 207 Bru                             | 100/1     | s Ave C                        | -11                | / .            | 10 6                   |
| 0 € 2 € 5 € <del>/</del>   | 23o           | BURIAL, CREMATION,  |  | 23b DATE      |                                 | NAME OF C | EMETERY OR CREMATO                  | ORY 2:    | SUNSHINE                       | MONT               |                | • STATE                |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  | 24 F          | UNERAL DIRECTOR   | BARBER                                   | LAYTO         | NSVILLE,                        | MD.       | 20879                               | -         | 7 1987                         | 1                  | R'S SIGNATURE  |                        |

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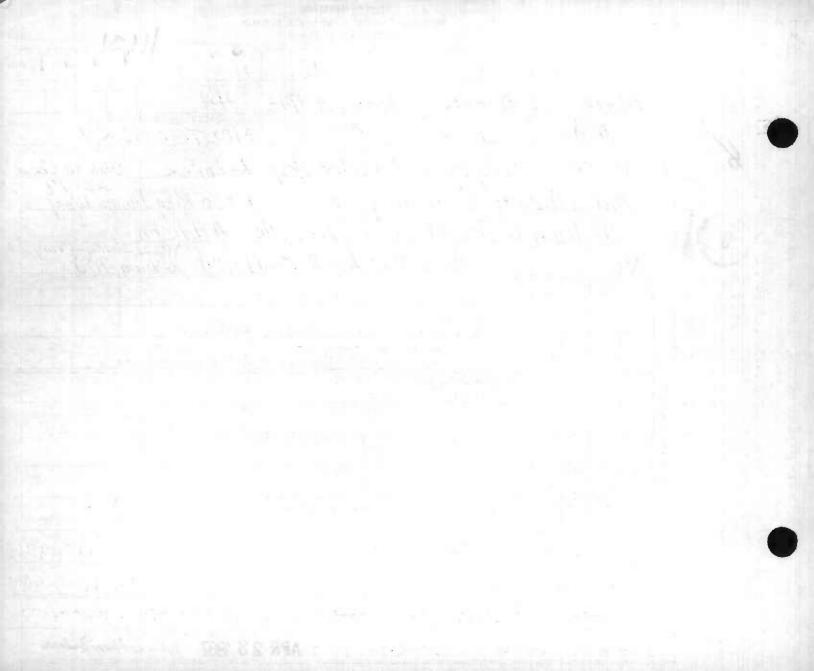
(VRA 15, 4)

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THE RESIDENCE OF A SAME AND A SECOND SECOND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST FIRST 2h HOU TYPE OR PRINT) WILLIAM 4 RACE 3. SEX (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 7a BIRTHPLACE ( STATE OR LOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR state Xd USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES T ners burg 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MENGMAN IMMEDIATE CAUSE (o), DUE TO, OR AS A GONSEQUENCE QU Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ed store or ma MARGAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M Ž 71d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION ŏ CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE WHILE NOT WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased from, sow the deceased alive an\_ , and that in (my) (aur) apinion death occurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 77d PHYSICIAN'S NAME (TYPE OF PRINT) 226 ADDRESS ould be MPORT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Sandy Spring, Montg. MD Burial Ash Memorial Cem. 4-24-87 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 who Dandon Randows George R. Snowden Rockville, MD 20850 (VRA 15, 4)



poge 3

director,

STATE OF MARYLAND

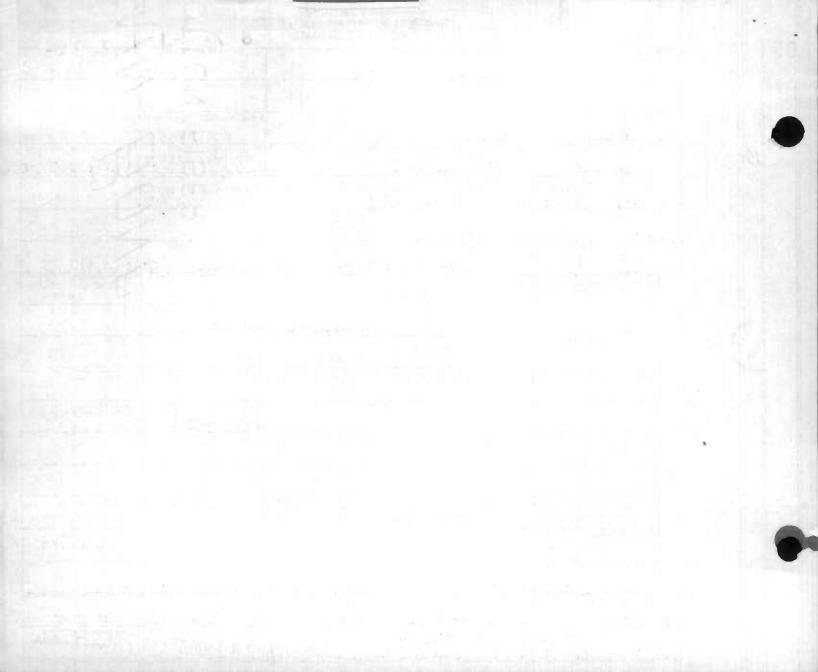
| Ì   | 1-            | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1 6 3 9                        |                  |                                    |                 |                                  |   |   |               |                  |  |  |  |
|---|---------------|--|------------------|------------------------------------|-----------------|----------------------------------|---|---|---------------|------------------|--|--|--|
| ŀ   | 1 DEC         | EASED NAME FIRST   |                  | MIDDLE                             |                 | AST                              |   | D. MONTH DAY                            | YEAR          | 26 HOUR          |  |  |  |
| ı   |               | OR PRÍNT)  | ,,,,             |                                    | 70 (            | 00 . 1.                          | 1   | 1067                                    | 37.00         | 10.15 PM         |  |  |  |
| ŀ   | 3 SEX         | Mary   | 4 RACE           | ginia                              | 5. DATE C       | Lick<br>DEBIRTH                  | 6 AGE (IN YEARS LAST BIRT                             | 1987                                    | JINDER I YEAR | IF UNDER 24 HRS. |  |  |  |
| l   | _             |  |                  | ian                                | MONTH           | DAY YEAR                         | 71  |   | THS DAYS      | HOURS MIN.       |  |  |  |
| 4   |               | MALE STATE OR FOREIGN  | Caucas           | WHAT COUNTRY?                      | Mari            |                                  | 9 BALTIMORE CITY O                                    | R COUNTY OF                             | FDEATH        |                  |  |  |  |
| l   |               | OUNTRY)  |                  |                                    | MARRIE          | D NEVER MARRIED XX               |   |   |               | MD.              |  |  |  |
| 4   | W.            | Virginia TY OR TOWN OF DEATH   | U.S.             |                                    | WIDOWE          | D DIVORCED DIVORCED DIVORCED     | Montgomery 1126 USUAL OCCUPATION 126 KIND OF BUSINESS |   |               |                  |  |  |  |
|   |               | Silver Spring  | (IF NOT IN SUC   | Dennis A                           | ADDRESS)        | NOTIEN INSTITUTION               | Editor/Pub  | F WORKING LIFE)                         | INDUSTRY      |                  |  |  |  |
|   | 13a S         |  |                  | 136. CITY OR TOW                   | N               | 13d. INSIDE CITY LIMITS?         | 13e STREET ADDRESS 740 Denni                          | zip code<br>s Aue.                      |               | 20901            |  |  |  |
|   | 14 FA         | THER'S NAME  | MIDDLE           | LAST                               |                 | 15 MOTHER'S MAIDEN NA            | ME  | 55                                      | <b>LAST</b>   |                  |  |  |  |
| 4   | 7             | loseph   | Middle           | Bullick                            |                 | Martha                           |   |   | Budov         | ick              |  |  |  |
| 1   | 16a W         | AS DECEASED EVER IN U.S. AR  | MED FORCES?      | 166 SOCIAL SECU                    | RITY NO.        | 17 INFORMANT                     | ADDRE   | SS                                      |               |                  |  |  |  |
| ١   | - {4          | NO   | VE WAR OR DATES) | 577-60-                            | 5111            | Martha Myers                     | sister  | same                                    | as #          |                  |  |  |  |
| Ī   |               | 18 CAUSE OF DEATH (Enter of<br>PART I, DEATH WAS CAUSE   | WATER TO         |                                    |                 | MATE INTERVAL<br>ONSET AND DEATH |   |   |               |                  |  |  |  |
| ı   |               | IMMEDIA  | TE CAUSE (0)     | 34                                 | 1004            |                                  |   |   |               |                  |  |  |  |
| ı   |               |  | DUE TO, O        | R AS A CONSEQUE                    | NCE OF          | MEROFANNI                        | CANCER  |   | 6             | 000              |  |  |  |
|   |               | Conditions, if any, which gove rise to immediate couse (o), stoting the DUETO underlying cause last.                     |                  | R AS A CONSEQUE                    | ENCE OF         | CANCEN                           | UTEMAS  | _                                       |               |                  |  |  |  |
| ı   |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  |                  |                                    |                 |                                  |   |   |               |                  |  |  |  |
| 1   | Z             | PART 2 OTHER SIGNIFICANT   | CONDITIONS C     | ON KIBOTING TO I                   | JEATH BUT       | NOT RELATED TO THE TERM          | TINAL DISEASE OR COIN                                 | DITION GIVEN                            |               |                  |  |  |  |
| )   | CERTIFICATION | 190 DATE OF OPERATION  | ITION FOR WHICH  | OPERATIO                           | N WAS PERFORMED | 20a AUTOPSY?                     | 206. IF YES, V  | WERE FINDINGS USED ING CAUSES OF DEATH? |               |                  |  |  |  |
| 1   | RTIF          |  |                  |                                    |                 |                                  | YES NO X  |   |               |                  |  |  |  |
|   |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE   | ATH HOUR A       | OF INJURY<br>.M. MONTH DA<br>,M.   | AY YEAR         | 21¢ HOW INJURY OCCUR             | RED (ENTER NATURE OF INJU                             | RY IN ITEM 18 PART                      | ORPART 2)     |                  |  |  |  |
|   | MEDICAL       | 21d INJURY OCCURRED  | 21e. PLACE       | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC )      | 211 LOCATION<br>STREET           | CITY OR TO  | WN                                      | COUNTY        | STATE            |  |  |  |
|   |               | AT WORK AT WORK  |                  |                                    |                 |                                  | 111   |   |               |                  |  |  |  |
|   |               | 22e. I certify that (1) (this hospital) attended the deceased from   |                  |                                    |                 |                                  |   |   |               |                  |  |  |  |
|   |               | 226. SIGNATURE   | 220 DATE SIGNED  |                                    |                 |                                  |   |   |               |                  |  |  |  |
|   |               | 226 PHYSICIAN'S NAME (TYPE   |                  |                                    |                 |                                  |   |   |               |                  |  |  |  |
|   |               | 220 PHYSICIAN'S NAME (TYPE OR PRINT)  220 ADDRESS  Stanley A. Schwartz, M.D.  2101 Medical Park Drive Silver Spring, Md. |                  |                                    |                 |                                  |   |   |               |                  |  |  |  |
|   | 23a B         | BURIAL, CREMATION, REMOVAL   |                  |                                    | NAME OF C       | CEMETERY OR CREMATORY            | 23d LOCATION  |   | COUNTY        | STATE            |  |  |  |
|   |               | specify  | Apr. 2           | 7.1987 Ga                          | te of           | Heaven Cemet                     |   | Spring                                  | Montg         | omery Md         |  |  |  |
|   |               |  |                  | Collins.                           |                 | 250 DA                           | IE REC'D. BY REGISTRAR                                | 256 REGISTRA                            | R'S SIGNAT    | 111BE            |  |  |  |
| 500 University Blvd. West, Silver Spring, Md. 20901 APR 2 9 1987 Julia Divideon Res |               |  |                  |                                    |                 |                                  |   |   |               |                  |  |  |  |

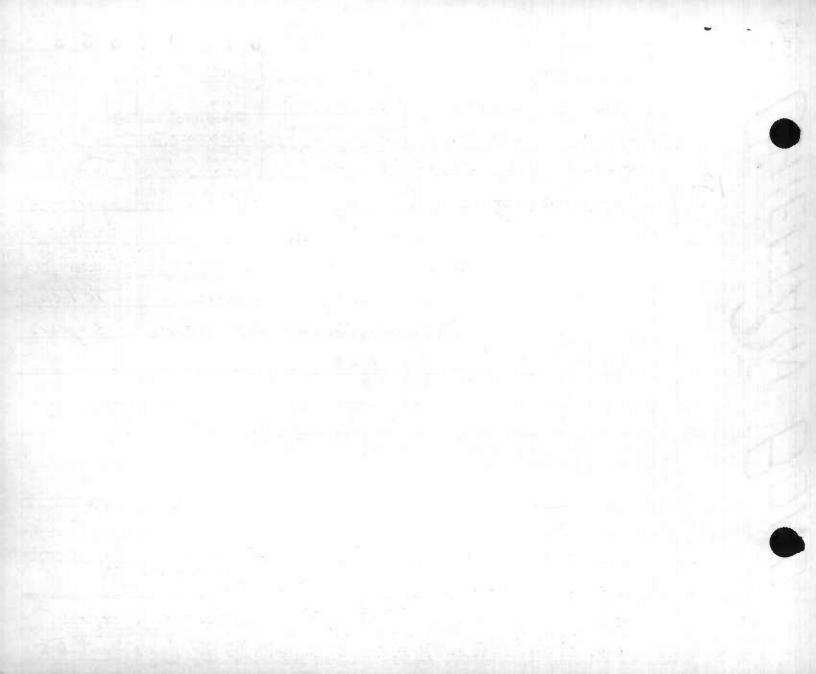
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signal should be detached for use as the buriol-transit permit. Then a with the State Dept of Health and Mental Hygiene prior to but IMPORTANT: If them 21 is marked or them 18, show any injury.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.





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management in the last of the superstance with a superstance of the su

4/19

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) Joseph alogero NICHOLAS 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR May 25, DAY 914 YEAR White Male 72 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery New York WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Rockville Bus Driver Dept. of Transp. Lake Ronkonkonkonas K 199 Holbrook Ave. Suffolk New York INFATHER'S NAME 15 MOTHER'S MAIDEN NAME Aduraca Calogero Marta nmn Donato nmn waithersburg, Md. 20879 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Don Calogero (son) 9974 Lake Landing Rd. 052-03-8333 18 CAUSE OF DEATH (Enter only one couse per line for (a), |b), and (c)
PART I. DEATH WAS CAUSED BY: CENEBROUNSCULAR ACCIONA IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? CARCINUMA OF 44NG NOX NO F 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY II LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR JOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the decepsed alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 27L DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRING 230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 4/22/87 Farmingdale, New York Burial Long Island National Cemetery 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH : 16-60M 7/84 1331 Rockville Pike, Rockville, Md. 20852 (VRA 15: 4)

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| 2                   |  |           |   |  | MARYLAND                         |                                 |  |
|---------------------|--|-----------|---|--|----------------------------------|---------------------------------|--|
| 3                   |  | 1-        | FOR<br>STATE  | DEPARTMENT OF HEALT                        |                                  |                                 | 1678   |
| 1152                | SAD MY   | Section 2 | CAIDINAN  |  | CERTIFICATE OF                   | DEATH REG. 1                    | No. 0 3 0                                      |
| 0 0 2               | 0.00 1   |           | LASED NAME FIRST  | WIDDIE                                     | LAST 1                           | 20 DATE KNOWN<br>OF ESTI-       | MONTH DAY YEAR 25 HOUR                         |
|                     | 200000   | 1455      | Marie   | E. Ca                                      | n poll                           | DEATH MATED                     | Spril 22007 PM                                 |
|                     | A DE SE  | 3. SEX    | 14. RACE S DATE OF B  |  | UNDER 1 YR. IF UNDER 24          | HRS. 2c. DATE                   | MONTH DAY YEAR 24 HOUR                         |
|                     | - E - E - E - E - E - E - E - E - E - E  | 100       |   |  | NTHS DAYS HOURS A                | PRONOUNCED DEAD                 | -150 F29                                       |
|                     | AUG Z  | -         | THELACE ISLATEON 76. CITIZEN C  |  |                                  | 1                               | OR COUNTY OF DEATH                             |
|                     | 設めた日間  | 1         | ERRY COLUMNY  |  | RRIED   NEVER MARRIED            | D SALTIMORE CITY                | OR COUNTY OF BEATH                             |
|                     | 25°5   | ĮΨ        | aryland clinite   |  | WED A DIVORCED                   | - Mon                           | oomery MD                                      |
|                     | SERA S   | 30. C     |   | HOSPITAL, NURSING HOME, OR O               | THER INSTITUTION                 | 24 USUAL OCCUPATION (T          | TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY |
|                     | ALAE A   | 1         | EK PSUK /   | 12 ch Advor                                | 1-H01011                         | naintenance                     | Private,                                       |
| _                   | S S S S S  | dSU/      | LINESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE  | ON, GIVE RESIDENCE BEFORE ADMISSION)       |                                  |                                 |  |
| 120                 | 2885001  | n         | ALL OUNTY   | 13c GITY OR TOWN                           |                                  | Se STREET ADDREST               | DJ 20783                                       |
| 2.2                 | THE STATE OF   | 11        | 19.19   | 1444+12011 16                              | YES X NO .                       | 6300 migg                       | 5 40.  |
| MC                  | 2-33//   | 1         | THER'S NAME MIDDLE  | LAST                                       | IS. MOTHER'S MAIDEN              | NAME                            | LAST   |
| M.                  | ANT ALL  | Jo        |   | Gross                                      | Emma                             |                                 | Doy Son  |
| WO                  | BAOSE /  | 160.      | (AS DECEASED EVER IN U.S. ARMED FORCES?<br>5, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO.                    | 17 INFORMANT                     | ADDRE:                          | 55 Forrestuille                                |
| BALTIMORE, MD. 2120 | SECT AND SECTION A | 1         | No None.  | 577-42-2880                                | Dorretha                         | Dade, 2020 B                    | rooks Ar. md.                                  |
| -                   | 80598  | =         | 18. CAUSE OF DEATH (Enter only one couse pe   |  | 20                               |                                 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |
| ST.                 | 94989  |           | PART I DEATH WAS CAUSED BY:   | ACIXC                                      | MULACIA                          | Walish i                        | BETWEEN ONSET AND DEATH                        |
| PRESTON             | A B S B B S  | -3        | IMMEDIATE CAUSE (0)   | O, OR AS A CONSEQUENCE OF                  | 7                                | 1 0140                          | <i>U</i>                                       |
| EST                 | MARK EN  |           | Conditions, if ony, which   | D, OR AS A CONSEQUENCE OF                  |                                  |                                 |  |
| <u>v</u>            | 単位的名字形   |           | gove rise to immediate (b)_   |  |                                  |                                 |  |
| . ≥                 | SEN NO   | 10        | lying cause lost.   | ), OR AS A CONSEQUENCE OF                  |                                  |                                 |  |
| 201                 | ENSWAY.  |           | Tyling couse lost.  |  |                                  |                                 | The ball of KA                                 |
| RECORDS, 201        | ANENGA   |           | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO                                       | DEATH RUT NOT RELATED TO THE TERMINAL DISE | ASE DR CONDITION GIVEN IN PART I | 10                              |  |
| Ö                   | HAN SER  | 2         | 1   |  |                                  |                                 |  |
| RE                  | 98×440   | FICATION  | 190. DATE OF OPERATION 196 CO   | ONDITION FOR WHICH OPERATION               | WAS PERFORMED?                   |                                 | 20 AUTOPSY?                                    |
| DIVISION OF VITAL   | S S S S S S S S S S S S S S S S S S S  | 12        | 11.   |  |                                  |                                 |  |
| 2                   | 200 H 7 H -  | CERTI     | 21a, EXTERNAL CAUSE WAS 21b. TIM  | 1.   |                                  |                                 | YES LI NO.                                     |
| Ö                   | AND HOND   |           |   | AE OF INJURY 21c                           | HOW INJURY OCCURRED              | (ENTER NATURE OF INJURY IN ITEM | IB PART I OR PART 2)                           |
| 20                  | £-0048   | 3         | CONTRIBUTING CAUSE OF DEATH   | P.M. 19                                    |                                  |                                 |  |
| /15/                | PAR BER  | MEDICAL   | 21d. INJURY OCCURRED 21e PL   |  | OCATION                          |                                 |  |
| á                   | SH SH S  | E         | WHILE NOT WHILE STREE   | T, FACTORY, FARM, ETC.)                    | STREET                           | CITY OR TOWN                    | COUNTY STATE                                   |
|                     | TANK ALS   |           | AT WORK   |  |                                  |                                 |  |
|                     | BKGGKG<br>BKGGKG   |           | 22e. I certify that I took charge of the remain   | ns described above, held on Auto           | apsy . Inspection )              | Inquiry L.                      | ond in my opinion                              |
|                     | MERCE S  |           | death resulted from: Natural couses   | Accidents . Suicide L                      | , Hamicide,                      | Undetermined manner             |  |
|                     | AND NAME OF STREET   |           | - D D   |  | TITLE (SPECIFY)                  |                                 | 1 4  |
|                     | THOUSE.  |           | SIGNATURE / TZ  | Sapara.                                    | M.D. 120-                        | _MEDICAL EXAMINER               | DATE 121/23/787                                |
|                     | L SHE  | 1         | - A. S. O. M. S. C.                                   | 1  | 0                                | _mediene examiner               | 35/11/   |
|                     | W B X B X B  |           | EXAMINES NAME   |  | _ADDRESS                         |                                 |  |
|                     | AAT AAT  | 73a B     | RIAL CREMATION, REMOVAL 236 DATE  | 23c. NAME OF CEMETERY                      |                                  | 23d LOCATION                    |  |
|                     | 2.2  | P         | WIKIN HING!   | A  | 1                                | CITY OR TOWN                    | O COUNTY STATE                                 |
| 07/B4<br>25M        | BP   | 24 5      | INERAL DIRECTOR   | OI IMINCOILI                               | emetery                          | JUITIAN -                       | GIRMAN'S SIGNATURE                             |
|                     | DHMH - 17  | 10        | NAME III A  | DRESS 11. O. A                             | MAY                              | 7 1987 AM                       | Dericery- Kondado                              |
|                     | (VR A15 ME (5))  | 1         | mer + Hooges 4901   | Marlb. P.K. Coral                          | HILLS MILL                       | 9                               |  |
|                     |  |           | 2   |  | md.                              |                                 |  |

The Suggest of the State of the the season of th 914 by d Aleka Bares Street Report Bares Bares Aleka Bares Bare Later by the second of the sec

|                            | 1-            | FOR<br>STATE   |  |                               | DEPA             | RTMENT OF H                      |                                  | MENTAL HYG  | IENE   |               |              | 5 2                       | Q                                |  |
|----------------------------|---------------|--|--|-------------------------------|------------------|----------------------------------|----------------------------------|---|--|---------------|--------------|---------------------------|----------------------------------|--|
|                            |               | REGISTRAR CEASED NAME A  | nasta                                    | asios '                       | widdle K         |                                  | AST Cara                         | 20. DATE OF   | REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 25 HO 4 - 8-87 /2 |               |              |                           |                                  |  |
| R 18                       | 3 SE>         | Male   | 4  | RACE                          | YEAR<br>O 9      | 6 AGE (INY)                      | IF UNDER 24 HRS. HOURS MIN.      |   |  |               |              |                           |                                  |  |
| 17                         | 2             | RTHPLACE (STATE OR FI<br>QUINTRY)<br>TY OR TOWN OF DEA   |  | USA                           |                  | MARRIE                           | D NEVER A                        | ORCED   | Mo   | RECITY OR     | -4           | MD.                       |                                  |  |
|                            | K             | Cosing to  | ,  | direct in such                | GIVE RESIDENCE B | REET ADDRESS)  REFORE ADMISSION) | Res                              | 20 USUAL OCCUPATION 126 KIND OF BUSINESS OR INTER OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Restauranteur Retired  20 STREET ADDRESS / ZIR CODE |  |               |              |                           |                                  |  |
| 15 A                       | E             | M.L. THER'S NAME FIRST   |  | Most                          | Jile<br>LAST     |                                  | 13d INSIDE CI<br>YES 15 MOTHER'S | NO MAIDEN NA  |  | Cohe-         | , 5:2        | Pike.                     | 20901                            |  |
| Populario /                | (Y            | On tant<br>(AS DECEASED EVER<br>ES, NO OR UNKNOWN)<br>.K.A.  | in U.S. ARM                              | Co                            | 166 SOCIALS      | ECURITY NO.                      | 17 INFORMA                       |   |  | ADDRESS       | S            | 745                       | .S.S.Md                          |  |
| other troumotic rount. The |               | 18 CAUSE OF DEATH W. PART I. DEATH W. Conditions, if any, gave rise to imm couse (a), stating underlying cause | AS CAUSED  IMMEDIATE  which ediote g the | BY: CAUSE (a)  DUE TO, Of (b) |                  | OUENCE OF                        | On 1                             | Leen  | node   | i             |              | APPROX<br>BEI WEEN<br>Z 4 | MATE INTERVAL<br>ONSET AND DEATH |  |
| hows only injury, o        | CERTIFICATION | PART 2 OTHER SIGN<br>CEST<br>190. DATE OF OPERAT   | erlox                                    | elere                         | tee              | CALAU<br>CALAU<br>IICH OPERATIO  | corake                           | elar  | 200 AUTO   | Carcopsy?     | 206. IF YES, | , WERE FINDI              | NGS USED                         |  |
| ked or them 18 st          | MEDICAL CE    | 21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT AT WORK     | AUSE OF DEATH                            | P.I                           | M. MONTH         | DAY YEAR<br>19                   | 216. HOW IN                      | JURY OCCURE   | RED (ENTER NA  | CITY OR TOWN  | HA.          | COUNTY                    | STATE                            |  |
| Flem 21 is mor             |               | 22a. I certify that (I)<br>saw the dicesse<br>abave, (I) we) (d<br>22b. SIGNATURE                              | (this haspite                            | - /                           | 11               | 9 F 7.01                         | nd that ( (my)                   | ur) apinion o   | death occurre  | d an the date | e and haur   | ,                         |                                  |  |
| MPORTANT                   |               | 22d PHYSICIAN'S NA  B - N.   | ME (TYPE OR                              | ELOW<br>PRINT)<br>ENBA        | cen              | MX                               |                                  | PHYSICIAN (   | DIRECTOR DE FA   | PHYSICIA      | :07          | 19/0<br>1059              | F/07                             |  |
| — A 7/84                   | E             | urial, cremation, i<br>"urial<br>neral director in   |  | 4/10                          | /87              |                                  | of Hea                           | ven   |  | S.            | b. REGISTS   | Mont                      |                                  |  |

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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March 1971 - Come Street In Come of the Co

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AND STREET STATE OF THE PROPERTY AND ASSESSED TO A STREET Control of the contro Legisla Cartagola III a Line Personal III (grandings) in the contract of the contract of

FOR

- STATE

TYPE OF PRINTS

REGISTRAR DECEASED NAME

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

7601 Sandy Spring Road Fleck Funeral Home, Inc. Laurel, Md. 20707

Ma Deviden.

28 DATE OF DEATH MONTH APRIL 10 1987

IF UNDER 1 YEAR IF UNDER 24 HRS HCTURS.

7h HOUR

20708

STATE

9 BALTIMORE CITY OR COUNTY OF DEATH

MONTGOMERY

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

YRS

U.S.M.C.

LAST

EDITH CARON, 12411 EASTGATE LANE, LAUREL, MD

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

COUNTY

YES X

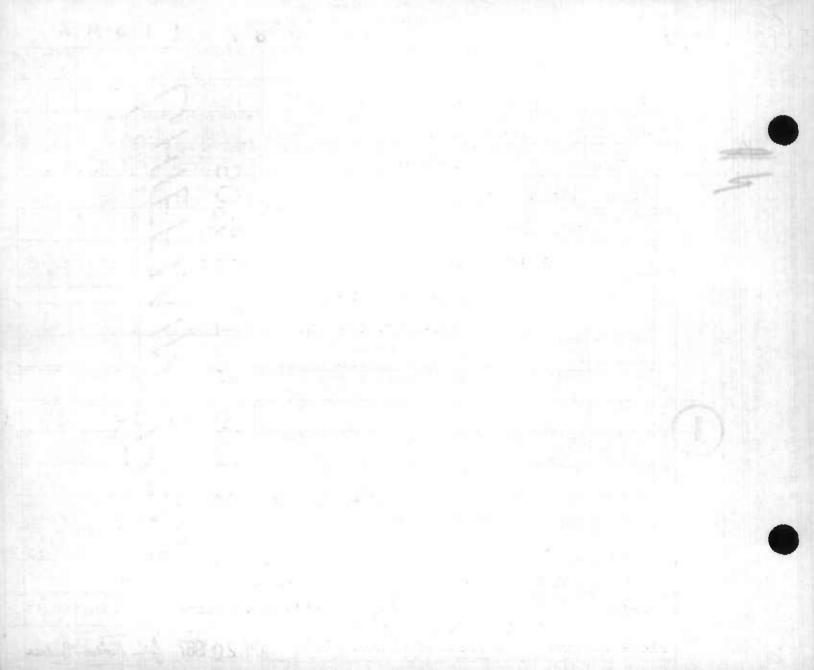
and that in (my) (aur) apinion death occurred an the date and have and from the causes stated

22c. DATE SIGNED 10 April 8-

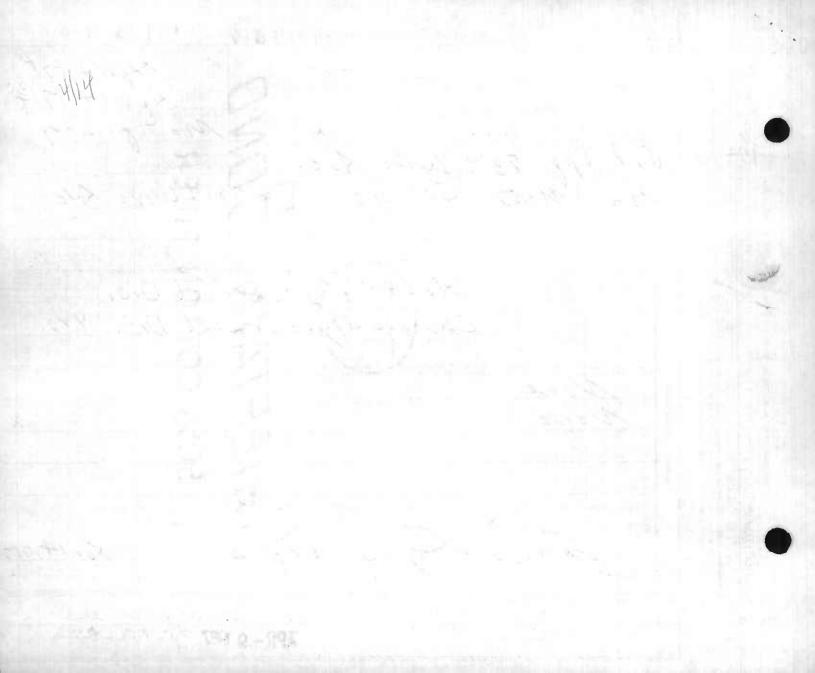
BETHESDA, MD 20814-5011

234 LOCATION
A.r.Lington Nat'lCem. Artrngton A.r.Lington Nat'lCem.

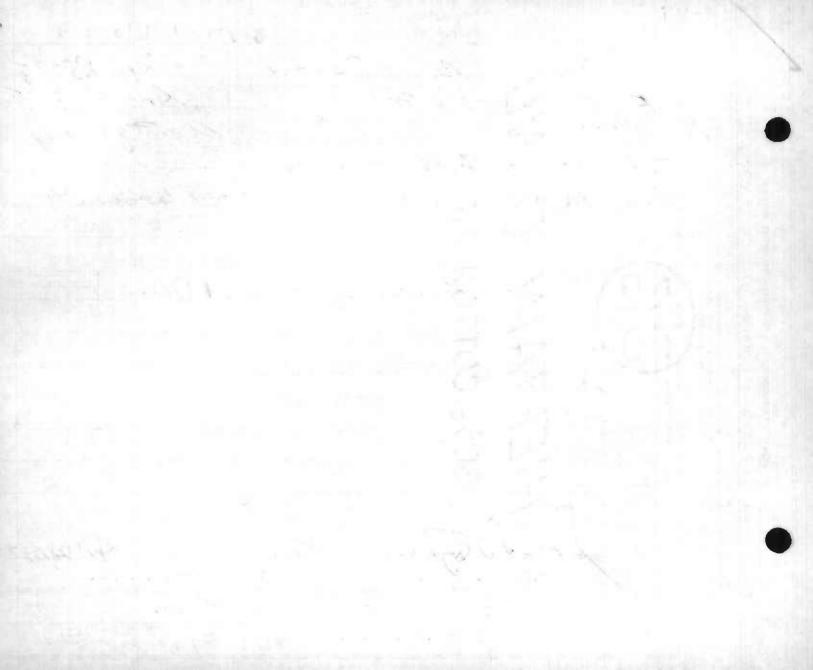
250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Elizabeth Carrick 6 AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Caucasian May 1910 Kemale 76 I/b. CITIZET OF WHAT COUNTRY 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITYOR COUNT MARRIED NEVER MARRIED Arkansas U.S.A. DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION homemaker homemaker In STATE 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST AAIDDLE Gordon Annie Powder Mill Rd. (YES, NO, OR UNKNOWN) son 217-70-8336 Md 20705 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o) b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted from: Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE \_\_MEDICAL EXAMINER 1919 Seminary Rd., Silver Spring, John S. Rogers, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Brentwood Prince Georges Md. Ft. Lincoln Cemetery Burial 07/84 24 FUNERAL DIRECTOR Francis J. Callins. Jr. DHMH - 17 (VR A15 ME (5)) 500 University Blud, West, Silver Spring.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCE unc 3 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash D.C. USA DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Gov't. Printing Office 13c CITY OR TOWN 13d. INSIDE CTTY LIMITS? 13e STREET ADDRESS NO [ I. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE James E. Bond Rose Haller Α. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 579 40 0018 Samuel Carter(Husband) Same as 13E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONGITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) \_MEDICAL EXAMINER EXAMINE NAME Dr. John S. Rogers 1919 Seminary Rd.S.S.Md ADDRESS. THE BURIAL PEMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Cremation Alex. Va. Metropolitan Crematory 4/29/87 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE-Himes/Rinaldi 11800 NewsHamp.Ave.S.S.Md. **DHMH - 17** ilia Davidson Randallo (VR A15 ME (5))



| 4                              |  | It            | em: 18                 | a, 22a                    | G-6         | 27 5       | /1/8             | FPART        | MENT C      | ATE OF      | MARY           | LAND          | AL HYGI        | ENE             |                  |                |          |            |           |
|--------------------------------|--|---------------|------------------------|---------------------------|-------------|------------|------------------|--------------|-------------|-------------|----------------|---------------|----------------|-----------------|------------------|----------------|----------|------------|-----------|
| 1 P                            | 0.0  | 1 00          | STATE Med<br>REGISTRAR | Ex: c                     |             |            |                  |              | EXAM        |             |                |               | E QE D         |                 | REG              | No. 6          | 4        | 5          |           |
| 72                             | 3 d 4 APR  | 1 DE          | CEASED NAM             | E F                       | RST         |            |                  | MIGGLE       |             | -           | LAST           |               | <u> </u>       | 2a. DATE        | KNOWN            |                | H DAY    | YEAR       | 25 HOUR   |
| 5                              | 38 55 58 E   | ~ (TYP        | EOR PRINT)             |                           | ark         |            |                  | J.           |             | C           | hamai          | ndv           |                |                 | ESTI-<br>H MATED | Lucas a        | -14      | 1987       |           |
|                                | IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E F S FOR YOUR FILES. ED, WITHIN 72 HOURS 1 W. PRESTON STREET.  | 3 SEX         | (                      | 4 RACE                    |             | DATE OF    | FBIRTH           | VEAR         | 6. AGE (II  | YEARS IF    | UNDER 1        | YR. IF U      | NDER 24 HF     |                 | TE               | MONT           | H DAY    | YEAR       | 24 HOUR   |
|                                | DIRE<br>DUR<br>72 F  | Ma            | ale                    | White                     | - 1         | 8          | 2                | 65           | 21          | YRS.        | INTHS DA       | YS HOU        | RS MIN         | PRONO!          | INCED            | 4-14           |          | ,87        | 8:45I     |
|                                | SSAL<br>SSAL<br>NAL<br>HIN<br>ESTO   | Pa. BI        | RTHPLACE (S            |                           |             |            |                  | AT COUN      |             | To.         | DDIED T        | ) NEVED A     | AARRIED D      | 9 BALT          | MORE CIT         | Y OR COU       | NTY OF   | 17         | 741       |
|                                | SAN GENERAL  |               | arvland                |                           |             | US         | Δ                |              |             |             | OWED [         |               | VORCED [       |                 | 1ont a           | omery          | Cour     | ntv        | AAD       |
|                                | IS NOT THE STATE OF THE STATE O |               | TY OR TOWN             |                           | - 11        | I. NAME    | OF HOSE          |              |             | ME, OR O    |                | TITUTION      |                | USUAL OCC       | UPATION          | - 4            | K 12b KI | ND OF BUS  | SINESS    |
|                                | DELAY IS NO PAGE 5<br>NO PAGE 5<br>BE FILED,<br>DS, 201 W  | 100           | Bethes                 | da.                       |             |            |                  |              | spita       |             |                |               |                | or most of w    |                  |                |          | R INDUSTR  | Y         |
| =                              | 2, AND 3 TO<br>2, AND 3 TO<br>3, RETAIN B<br>5, SHOULD BE<br>ALL RECORDS.  | USUA          | AL RESIDENCE           | (IF IN NURSING            |             |            |                  | E RESIDENCE  | BEFORE AGN  | ISSION)     | leas or        |               |                |                 |                  |                |          | 205        | 2/1       |
| 21201                          | ANDUNAN  | 130 5         | Md.                    | 135                       | Mont        |            |                  |              | or tow      |             | 13d. IN<br>YES | SIDE CITY LIM |                | STREET ADD      |                  | o Cou          | rt o     | 108        | 31        |
| MD.                            | 2, 2, 3, 3, 3, ALR   | 14 F/         | ATHER'S NAM            | E                         |             |            |                  |              |             | E           |                | OTHER'S A     | AAIDEN NA      |                 |                  | e cou          |          |            |           |
|                                | DEATH. IF  |               | Josep                  | h                         |             | G.         |                  |              | andv.       | Cr.         | 1              | ocely         | mo             |                 | WIDOLE           | ٨              | brah     | LAST       |           |
| MOR                            | A A A A A  | 16a V         | VAS DECEASE            | DEVER IN U                | S. ARMEI    | D FORCE    | 5?               |              | CIAL SECU   |             |                | FORMANT       |                |                 | ADDR             |                |          | as 13      | F         |
| LT.                            | S AFTER DE<br>GIVE PAGES<br>ITH FORM I<br>PAGES 1 AN<br>IVISION OF   | (1)           | N/A                    | OWN) (IF YE               | S, GIVE WAI | R OR DATES | )                | 570          | 68 1        | 0/16        | To             | aanh          | C Che          | mandy           | C.               |                |          | as 13      | E         |
| PRESTON ST., BALTIMORE,        | SOFAS  |               | I8 CAUSE C             | OF DEATH (En              | ter anly a  | ne cause   | ner line         |              |             | 240         | 1.00           | sepii         | G.OH           | mandy           | ,01.             | (ratii         | A        | PPROXIMATE |           |
| ST                             |  |               | PART I DI              | EATH WAS C                | AUSED B     | Υ:         |                  |              | 1 Myo       | cardi       | tis            |               |                |                 |                  |                | BET      | WEEN ONSET | AND DEATH |
| Į O                            |  |               | 777                    | IMM                       | AEDIATE (   |            | 1)               |              | SEQUEN      |             |                |               | 1.3.4          |                 |                  |                |          |            |           |
| 100                            | NSIT HY  | 1             |                        | ns, it any,               |             | 1          |                  |              |             |             |                |               |                |                 |                  |                |          |            |           |
| *                              | W Z Z Z Z Z Z  | 16.           |                        | se to imme<br>stating the |             | DUE        |                  | AS A CON     | SEQUENC     | E OF        |                |               |                |                 |                  |                |          |            |           |
| 8                              | 后那/A 上   | 100           | lying cou              | se last.                  |             | 1          |                  |              |             |             |                |               |                |                 |                  |                |          |            |           |
| 98                             | 80 355   | 1             | PART 2 OTHER S         | IGNIFICANT CDNO           | OITIDNS CON | TRIRUTING  | TO DEATH B       | UT NOT REL   | LIED TO THE | FRMINAL DIS | FASE OR COA    | IDITION GIVE  | N IN PART 1 In |                 |                  |                |          |            |           |
| DIVISION OF VITAL RECORDS, 201 | CORP.  | Z             |                        |                           |             |            |                  |              |             |             |                |               |                |                 |                  |                |          |            |           |
| A 20                           |  | CERTIFICATION | 19a. DATE OF           | OPERATION                 | ٧           | 196.       | CONDIT           | ION FOR      | WHICHO      | PERATION    | WAS PER        | RFORMED?      | ?              |                 |                  |                | 20 /     | AUTOPSY?   |           |
| IAI                            | SHOULD<br>ORD "PI<br>CHIEF<br>E USED<br>TOF HE   | #             | 4135                   |                           |             |            |                  |              |             |             |                |               |                |                 |                  |                |          | YES 🗔      | NO 🗌      |
| 7                              | WO WO BE   | EN            | 21a. EXTERNA           | AL CAUSE W                | ĀŠ          |            | TIME OF          |              |             |             | HOW IN         | JURY OCC      | URRED LEN      | TER NATURE OF   | INJURY IN ITE    | M 18 PART 1 OR |          | TES ES     | 140 []    |
| 2                              | SHOW!  | ALC           | UNDERLYING             | OR                        | E OF DEA    |            | DUR A.M.<br>P.M. | MONTH        | DAY Y       | EAR         |                |               |                |                 |                  |                |          |            |           |
| oisi                           | NG NG SHOP   | MEDICAL       | 21d INJURY             |                           | L OI DEA    | 21e        | PLACEO           |              | (AT HOME    | 211.        | OCATIO         | N             |                |                 |                  |                |          |            |           |
| 2                              | RETINGE SCHOOL S | ¥             | WHILE<br>AT WORK       | NOT WHI                   | E 🗍         | ST         | IREET, FACTO     | DRY, FARM, E | TC.)        | 3           | STREET         |               |                | CITY OR 1       | OWN              |                | COUNTY   |            | STATE     |
|                                | MANER; THIS CERTIFICATE SHOUL FICATE, WRITING THE WORD "" EF CARWARDED TO THE CHIEF CTOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HITHE STATE DEPARTMENT OF HIAND, 21201 PRIOR TO BURNALL THAND, 21201 PRIOR TO BURNALL  |               |                        |                           |             |            |                  |              |             |             | 5.7            | 1             |                |                 |                  |                | -        |            |           |
|                                | A TAG SAT AND A  |               | 220. I certi           | fy that I taak            |             | Г          |                  | ribed abo    | ve, held a  | Aut         | apsy X         | J. Insp       | ection .       | . Inquir        | у 🗀              | and in my      | apinian  |            |           |
|                                | STIFI<br>STIFI<br>STIFI<br>SYLV  |               | death result           | ed fram:                  | Natural     | causes L   | अं,              | Accident     | <b>L</b> .  | Suicide L   |                | lamicide L    |                | determined i    | manner _         | ۵.             |          |            |           |
|                                | AA. CERT   |               | ACTUAL                 | MA                        | . (         | N          | (2)              |              |             |             |                | LE (SPECIF    |                |                 |                  | DAT            | F        |            | M. T      |
|                                | SHE SHE  |               | SIGNATURE.             | AIN                       | M           | A.         | X                |              |             | -           | M.D. DE        | eputy         | Chie           | EDICAL EXA      | MINER            | SIG            | NED_4    | 1-15-8     | 37        |
|                                | A S C  | ,             | EXAMINER'S             |                           | Ann N       | v. 6       | ixon             | . М.Г        | ).          |             |                | 11            | 1 Pen          | n St.,          | Balt             | timore         | e. Mr    | 220        |           |
|                                | TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STATE SHOULD SHOW TO SHOW THE STATE SHOW THE SHOW T | 73a Bi        | (TYPE OR PRI           | (11)                      |             |            |                  |              | NAME OF     | CEMETERY    | _ ADDRE        |               |                | LOCATION        |                  |                | ,        |            | ===       |
|                                |  | (5            | PECIFY)                | TIOTY, KEMO               |             |            | 10=              |              |             |             |                | MAIORT        | 230            | ITY OR TOWN     |                  | C              | YINUC    | STA        | ATE.      |
| 07/84<br>25M                   | BP_2_/_/   |               | Burial<br>UNERAL DIREC |                           |             | /17/       |                  |              | ate c       |             |                | 25a. D        | ATE REC'D      | S<br>BY REGISTI | RAR 125b R       | EGISIRAR       | SIGNA    | HURE Md    | •         |
|                                | DHMH - 17<br>(VR A15 ME (5))   | H:            | ines/Ri                | naldi                     | 1180        | 00 Ne      | w Ha             | mp.A         | ve.S.       | S.Md        |                |               | R20            | 1987            | 1 4              | Devidus        | · Rand   | lack       |           |

38 f 2 89A

APR . . APR

23b. DATE

4-23-87

John Wesley Cemetery Clarksburg, Montg. Maryland 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

(SPECIFY)

George R. Snowden

230. BURIAL, CREMATION, REMOVAL

Burial

Washington St 20850

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

221 DATE SIGNE

2b HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVA

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STATE

IF UNDER 1 YEAR

INDUSTRY

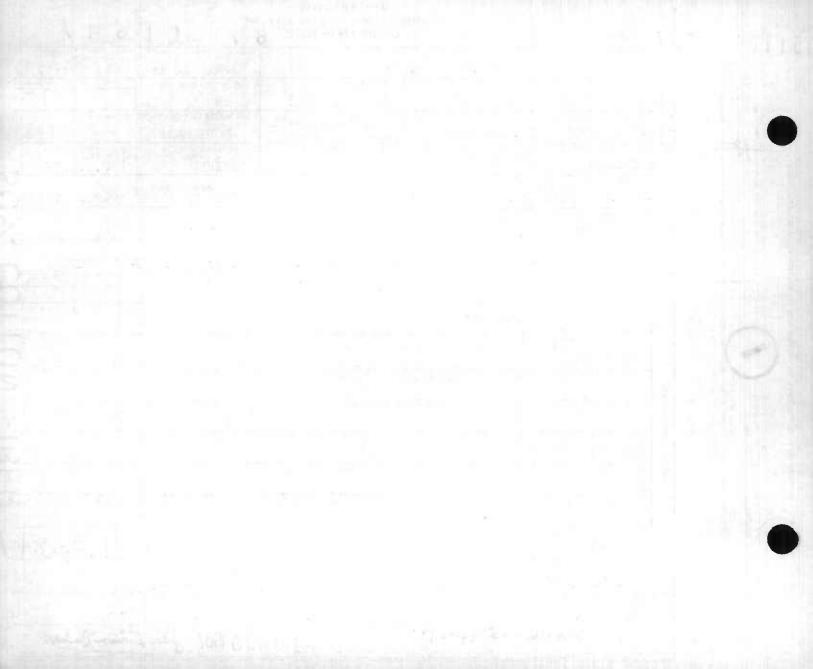
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COUNTY

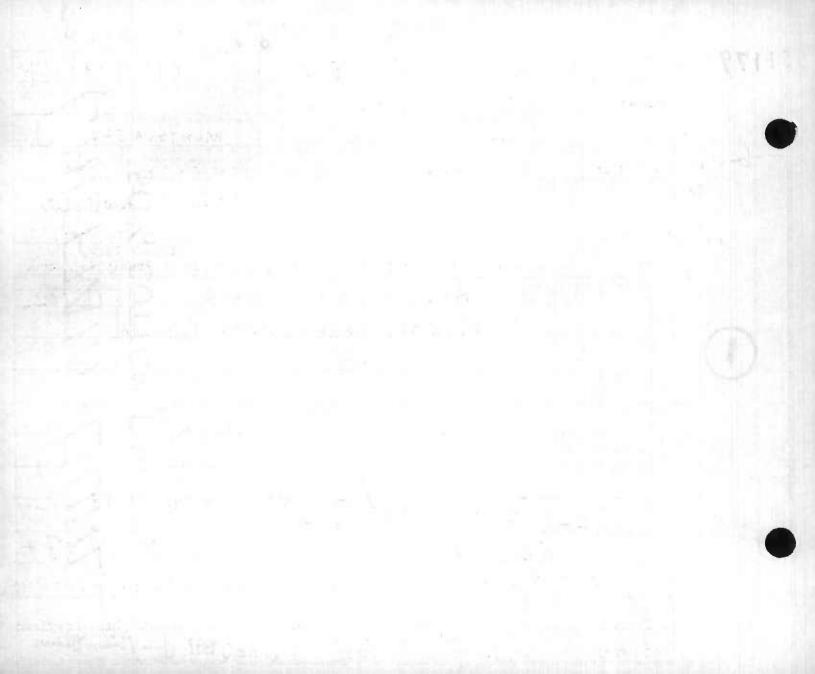
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IF UNDER 24 HRS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME AMIDDLE 20 DATE OF DEATH YF AR TYPE OR PRINT 4 RACE 3 SEX 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR April 3, 1900 Female White 87 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY U.S.A. Russia WIDOWEDXX DIVORCED [ IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Hebrew Home of Greater Washington Rockville Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Montgomery Rockville Marvland 6121 Montrose Road (20852) 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AAIDDLI (Unknown) Esther Simon Stein 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRTAkoma Park, Md. 140 WAS DECEASED EVER IN U.S. ARMED FORCES? Oscar Chupreck; Son; 29 Philadelphia Avenue; NO 212-16-4932 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). PART I DEATH WAS CAUSED BY NEYMONIA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUF TO, OR AS A CONSEQUENCE OF EGENERATIVE Conditions, if any, which gove rise to immediate cause (a), stating the OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an in (my) (our opinion death occurred on the date and have and from the causes stated pbove, (1) (we) (did) (did not) new the body after death 27h. SIGNATURE DEGREE DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN | MPORTANI 77d PHYSICIAN'S NAME 22e ADDRESS MONTROSE 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BP National Capitol Hebrew; Capitol Heights, 4/17/87 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR 25) REGISTRAR 5 DHMH - 16 60M 7/84 Julia Davidson-Kandall 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15. 4)



189 1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOWN X 12:57 (TYPE OR PRINT) OF ESTI-19 87 Cathy Clark L. DEATH MATED 4 RACE 3 SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 12:57 LAST BIRTHDAY) PRONOUNCED Female White 11 50 36 DEAD 1987 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Washington D.C. United States Montgomery ITY OR TOWN OF DEATH OR INDUSTRY
Woodworking 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Shady Grove Adventist Hospital Rockville Office Manager ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IMITS? 13e STREET ADDRESS
NO 1308 Coral Sea Drive 13c CITY OR TOWN 13d: INSIDE CITY LIMITS? Maryland Montgomery Rockville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Russell Clark Edmonds M. Jennie 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 226-72-2927 Jerry Martin Same as item 13 a-e 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause (a) stating the under-CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO P 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CRE EXECUTE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE PORWARD TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALFWORE, MARYLAND, 2120 P WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held an death resulted fram Homicide Francis C. Mayle 8200 Wisc. Ave. Beth, Md. 20814 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 4/13/87 Burial Md. Ft. Lincoln Cemetery Brentwood 07/84 BP <sup>24</sup> FUNERAL DIRECTOR Tyson Wheeler. Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

DESIGNATION OF THE STATE OF THE 

|   | 1             | FOR<br>STATE   | DEPARTN   | STATE OF MARYLAND<br>MENT OF HEALTH AND MENTAL HYG | IENE   |  |  |  |  |  |  |  |
|---|---------------|--|---|--|--|--|--|--|--|--|--|--|
| 5 . A   |               | REGISTRAR  |   | CERTIFICATE OF DEATH                               | 8 / REG. NO                                    | 1 1 6 5 1  |  |  |  |  |  |  |
| 5 12/4/   |               | CEASED NAME FIRST  | MIDDLE  | LAST   | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR      |  |  |  |  |  |  |  |
| y be  |               | Ellen  | Nesbitt   | Clark  | 4 16 87 2:20 A                                 |  |  |  |  |  |  |  |
| mo Land   | 3 SE          |  | 4. RACE   | S. DATE OF BIRTH MONTH DAY YEAR                    | & AGE (IN YEARS LAST BIRT                      | HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |  |  |  |  |  |  |
| ge ecto   |               | Female   | Caucasian   | 3 1 06   | 81 yrs   |  |  |  |  |  |  |  |
| Po though   |               | IRTHPLACE (STATE OR FOREIGN  | Th CITIZEN OF WHAT COUNTRY?   | 8. MARRIED NEVER MARRIED XX                        | 9 BALTIMORE CITY OR COUNTY OF DEATH            |  |  |  |  |  |  |  |
| de ort  |               | Ohio /   | United States   | WIDOWED DIVORCED                                   | N  | Montgomery MD.   |  |  |  |  |  |  |
| 34191   |               | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSIN  |  | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | FWORKING LIFE) INDUSTRY                                      |  |  |  |  |  |  |
| tile for  |               | lver Spring,   | Wd. Carriage  | Hill Nursing H.                                    | Teacher  | Education Education  |  |  |  |  |  |  |
| 24 have   | 13a.          | STATE Md. MO   | other institution, give residence before NTY  13; CITY OR TOWN  5:1 Ver | N 13d. INSIDE CITY LIMITS?                         | 130 STREET ADDRESS /<br>935 Bonif              | ZIP CODE 20910<br>Cant St. S.S.Md.                           |  |  |  |  |  |  |
| within Age of the state of the | 14. F/        | ATHER'S NAME   | MIDDLE LAST   | 15 MOTHER'S MAIDEN NA                              |  |  |  |  |  |  |  |  |
| and   | )             | Edward   | Clark   | Anna   | WIDDLE   | Tranchard  |  |  |  |  |  |  |
| d court   |               | VAS DECEASED EVER IN U.S. AR   | MED FORCES? 166 SOCIAL SECU   | RITY NO. 17 INFORMANT Ada                          | Myra Greene                                    | 2400 Michigan Avenue   |  |  |  |  |  |  |
| Poges<br>media  | 17 (          | YES, NO OR UNKNOWN) (IF YES, GIV   | 219-36-8  |  |  | 20910 (Friend)   |  |  |  |  |  |  |
| hysicio<br>popers.<br>ovol.   |               | 18 CAUSE OF DEATH (Enter or<br>PART I, DEATH WAS CAUSE   | ly ane cause per line for (a), (b), and<br>D BY:                        |  | <u> </u>                                       | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH              |  |  |  |  |  |  |
| ng p<br>bon<br>rem  |               | IMMEDIA  | E CAUSE (a) /CONC   | - muire  |  |  |  |  |  |  |  |  |
| trendin<br>ve corb<br>ion, or<br>vumotic  |               | Conditions, if ony, which  | DUE TO, OR AS A CONSEQUE  | Creations A  | Hedren   |  |  |  |  |  |  |  |
| of the d<br>yy the at<br>se remov<br>cremati  |               | gove rise to immediate cause (a), stating the underlying cause tast.   | DUE TO, OR AS A CONSEQUE  | NCE OF Median                                      |  |  |  |  |  |  |  |  |
| ed by<br>please<br>urial, cr  | H.            | PART 2 OTHER SIGNIFIC ANT (  | CONDITIONS CONTRIBUTING TO  | AF ATH BUT NOT BEILTED TO THE TERM                 | INAL DISEASE ARCONI                            | DITION CIVEN IN BART 1                                       |  |  |  |  |  |  |
| quir<br>sign<br>fhen<br>to be   | Z             | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 |   |  |  |  |  |  |  |  |  |  |
| been mit prior  | ATE           | 190 DATE OF OPERATION  | 196 CONDITION FOR WHICH   | OPERATION WAS PERFORMED                            | 20a AUTOPSY?                                   | 206 IF YES, WERE FINDINGS USED                               |  |  |  |  |  |  |
| he lo   | CERTIFICATION |  |   |  | YES NO NO NO T                                 |  |  |  |  |  |  |  |
| ysicie cote   | E.            | 210. ACCIDENT WAS UNDERLYING   | 216. TIME OF INJURY   | 21c HOW INJURY OCCURE                              |  | LY IN ITEM 18 PART I OR PART 2)                              |  |  |  |  |  |  |
| CIAI<br>D ph  |               | OR CONTRIBUTING CAUSE OF DE  | On .  | Y YEAR   |  |  |  |  |  |  |  |  |
| HYS<br>nding<br>his o   | MEDICAL       | 214 INJURY OCCURRED  | 21e PLACE OF INJURY   | 21f LOCATION                                       | CITY OR TO                                     | WN COUNTY STATE  |  |  |  |  |  |  |
| offer offer   | E             | WHILE NOT WHILE AT WORK  | (AT HOME_STREET, FACTORY, OFFICE, FA                                    | ARM, ETC.)   | CITY OR TO                                     | 3140   |  |  |  |  |  |  |
| TTENDIN<br>ostal or<br>TOR: Af-<br>for use o<br>of Health   |               | saw the deceased alive an  |   |  | ta Apr. 1                                      | that (I) (we) last the and hour and from the causes stated   |  |  |  |  |  |  |
| NR AT hosp hosp hosp thed fleed fleen them them them them them them them them   |               | 22h-SIGNATURE  | t) view the body after death.   | DEGREE   |  | 22t. DATE SIGNED   |  |  |  |  |  |  |
| TAL Or the detach tate Detach tate Detach TAT. H. H.  |               | Menua 1  | track   | - 7460 ATTENDING PHYSICIAN X                       | MEDICAL STAF                                   |  |  |  |  |  |  |  |
| ANIT ANIT ANIT ANIT ANIT ANIT ANIT ANIT   |               | 724. PHYSICIAN'S NAME (TYPE O  | PR PRINT)   | 22e. ADDRESS                                       | DIRECTOR PHISIC                                | Langley Park, Md   |  |  |  |  |  |  |
| etoined by TO FUNER, should be d with the Sto   |               | T. P. Fogar  |   |  | lampshire                                      | Ave. 20783   |  |  |  |  |  |  |
|   |               | BURIAL, CREMATION, REMOVAL<br>(SPECIFY)  | 23b. DATE April 23c. N  | AME OF CEMETERY OR CREMATORY Metropolitan          | 23d LOCATION<br>CITY OR TOWN                   | COUNTY STATE   |  |  |  |  |  |  |
| BP  | -             | Cremation  | 17, 198/  | Crematory  | Alexandri                                      | ia, Virginia   |  |  |  |  |  |  |
| DHMH - 16 60M 7/84  |               | UNERAL DIRECTOR Rober  | da-chevy Chase,   | Inc. Home,   | E REC'D. BY REGISTRAR                          | 256 REGISTRAR'S SIGNATURE                                    |  |  |  |  |  |  |
| (VRA 15, 4)   | 75            | 057 Wisconsin A  | venue Bethesda, Ma  | ryland 20814                                       | PK 22 198/                                     | 4. 41101   |  |  |  |  |  |  |

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STATE OF MARYLAND

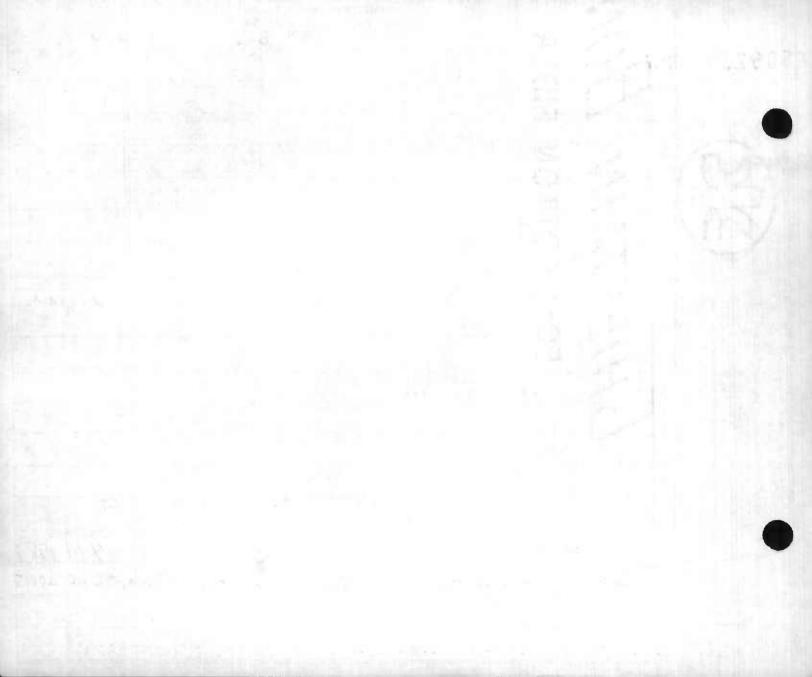
J.Wm. Lee's Sons Co.300-4th St., NE, Wash., DC20002

DEPARTMENT OF HEALTH AND MENTAL HYGIE

| NE /  | REG. N    | 0.      | 6      | 5 |              |
|-------|-----------|---------|--------|---|--------------|
| DATEC | E DE ATLL | ******* | O.A.M. |   | $\mathbf{T}$ |

|    |               | REGISTRAR             |                           |                          |                     | CERTIF          | ICATE OF DEATH                | 3 /            | REG. NO.      | 10              | 3           | Chien .          |     |
|----|---------------|-----------------------|---------------------------|--------------------------|---------------------|-----------------|-------------------------------|----------------|---------------|-----------------|-------------|------------------|-----|
|    |               | GASED NAME            | FIRST                     |                          | MIDOLE              | l,              | AST                           | 20 DATE OF E   |               | NTH OAY         | YEAR        | 2b HOUR          | -   |
| 4  | KINGE         | (IR PRINT)            | Rolan                     | Ъ                        | E.                  | Cla             | rb                            | Anni           | 1 14.         | 1987            |             | 1:55a            | 4.4 |
|    | 1.5E)         | X                     | 10101                     | 4 RACE                   |                     | 5. DATE C       |                               | 6 AGE INYEA    |               |                 | NDER I YEAR | IF UNDER 24 HRS  |     |
| 7  |               | Male                  |                           | Tutho i to               |                     | MONTH           |                               |                | (2            | MONT            | HS DATS     | HOURS MIN.       |     |
| 3  |               | RTHPLACE (STATE C     | O CORTICAL                | White                    | WHAT COUNTR         | Sept            | .26, 1923                     | 9 BALTIMOR     | 63            | YRS             | DEATH       |                  | _   |
| 7  | (             | COUNTRY               | 11.00                     |                          |                     | MARRIE          | D NEVER MARRIED               |                |               |                 |             |                  |     |
| 1  |               | shington,             |                           |                          | States              | WIDOWE          |                               |                | omery         |                 |             | M                |     |
| 0  |               | ITY OR TOWN OF D      | EATH                      | CIENOT IN SUC            | HEACHITY GIVE STE   | REET A CORESSI  | OR OTHER INSTITUTION          | 120 USUAL OF   | OR MOST OF WO | ORKING LIFE)    | NDUSTRY     | F BUSINESS OF    |     |
| 4  |               | thesda                |                           |                          | ban Hosi            |                 |                               | Episco         | pal pr        | ciest           | St.Pa       | ul's Ch          |     |
| 1  |               | AL RESIDENCE IN NU    | ITSING HOME OR            |                          | GIVE RESIDENCE BEI  |                 | 13d INSIDE CITY LIMITS?       | 13e STREET AL  | ODRESS / 71   | P CODE          |             |                  |     |
| 57 | Mai           | rvland                |                           | gomerv                   | Bethes              | _               | YES NO                        | 10102-         |               |                 | Place       | 20817            | ,   |
|    |               | ATHER'S NAME          |                           |                          |                     |                 | 15. MOTHER'S MAIDEN NA        |                |               | ,022,           |             |                  | _   |
| 6  |               | Albert                |                           | MIDDLE<br>H.             | Clark               | Section 187     | Mary                          | T.             | elen          |                 | Mil         |                  |     |
|    | 160 V         | WAS DECEASED EVE      | R IN U.S. AR              |                          | 16b SOCIAL SE       | CURITY NO.      | 17 INFORMANT                  | - 1:           | ADDRESS       |                 | LITT        | Ter              | -   |
|    |               | YES, NO OR UNKNOWN)   |                           | E WAR OR DATES)          |                     |                 |                               | - (r.z. e - \  | 0             | 11              | 10          |                  |     |
|    | Ye            | es-US Nav             |                           |                          | 579-20-             |                 | Helen V.Clar                  | ck(Wlie)       | Same          | as #            |             | MANE INTERVAL    | =   |
| 3) |               | PART I, DEATH         | ATH Enter on<br>WAS CAUSE | ly one cause per<br>DBY: | line far (a), (b),  | DCTCC           | MELLIT                        | 110            |               |                 | BETWEEN     | MATE INTERVAL    | _   |
|    |               | STATE OF THE PARTY.   | IMMEDIA1                  | E CAUSE (a)              | DIA                 | ne iez          | 1162011                       | 10             |               |                 | /3          | years            | _   |
| Η  |               | C. 1. T. 4            |                           | DUE TO, O                | R AS A CONSEC       | DUENCE OF       |                               |                |               |                 |             | 4                |     |
| 93 |               | Canditions, if or     |                           | (b)_                     |                     |                 |                               |                |               |                 |             |                  | _   |
|    |               | cause (a), sta        | ting the                  | DUE TO, O                | R AS A CONSEC       | DUENCE OF       |                               |                |               | DAY             |             |                  |     |
|    | 17            | underlying cau        | se last                   | (10)_                    | 171000              |                 |                               |                |               |                 |             |                  |     |
|    |               | PART 2 OTHER SIG      | GNIFICANT                 | ONDITIONS CO             | ONTRIBUTING T       | O DEATH BUT     | NOT RELATED TO THE TERM       | MINAL DISEASE  | OR CONDITI    | ON GIVEN        | N PART 1:0  |                  | _   |
|    | CERTIFICATION |                       | +                         | IYPER-                   | TENS10              | N               |                               |                |               |                 |             |                  |     |
| 0  | A.            | 90 DATE OF OPER       | ATION                     | 19h COND                 | ITION FOR WHI       | ICH OPERATION   | N WAS PERFORMED               | 200 AUTOP      |               | h IF YES, WI    |             |                  | -   |
| Z  | 1             | PROPERTY.             |                           | No. No.                  |                     |                 |                               | YES 🗀          | NON           | CERTIFY INC     | CAUSES      | NO [             |     |
| 0  | 20            | 210. ACCIDENT WAS U   | INDERLYING                |                          |                     |                 | 216 HOW INJURY OCCUR          |                |               | LITEM 18 PART 1 | OR PART 21  |                  | -   |
| 7  | 1000          | OR CONTRIBUTING       |                           | dh.                      | M. MONTH            |                 |                               |                |               |                 |             |                  |     |
| 1  | MEDICAL       | 21d INJURY OCCU       |                           | 21e PLACE                | M.<br>OF INJURY     | 19              | 211 LOCATION                  |                |               |                 |             |                  | -   |
|    | 뷫             | CWHILE   NOT          | WHILE                     |                          | REET, FACTORY, OFFI | CE, FARM, ETC.) | STREET                        |                | CITY OR TOWN  |                 | COUNTY      | STATE            |     |
|    |               |                       | ORK                       |                          |                     | 7               | 1 77                          |                | 4.14          |                 | e h         |                  | _   |
| Н  |               | 220.1 certify that is |                           | 7 10                     | e deceased from     | 00              | id that in (my) (aur) opinian | , 10           |               |                 |             | that (1) (we) la | 31  |
|    |               | abave, (†) (we)       |                           | t) view the body         | after death.        |                 |                               | death occurred | on the dote   | ona novi ani    |             |                  | _   |
|    |               | 276 SIGNATURE         | Lo.                       | · Ma.                    | 1.                  | MA              | DEGREE ATTENDING              | MEDICAL        | STAFF         |                 | 22c. DATE   | SIGNED           |     |
|    |               |                       | fame                      |                          | nun                 | 112             | PHYSICIAN                     | DIRECTOR       | PHYSICIAN     | 1 🗍             | 4.1         | 4,148            |     |
| 1  |               | 228. PHYSICIAN'S      |                           | 1                        | 44.0                |                 | 22e ADDRESS                   | 1.0 1.00       | 0 111         | مالالم          | A           | c 2001           | -   |
|    |               | JAM                   | 1 23                      | PACKIN                   | Mo                  |                 | 3 701 WESTE                   | CKN AV         | E WI          | U2H)M(C         | 10N D       | c 2001           | 2   |
|    |               | BURIAL, CREMATION     | N, REMOVAL                | 23h DATE                 | 2:                  | I NAME OF C     | EMETERY OR CREMATORY          | 23d LOCAT      |               |                 |             |                  | =   |
|    | B             | urial                 |                           | 4-16-1                   | 987                 | Cedar H         | ill Cemetery                  | Suit           | and, Pi       | Geor            | ges C       | 0.,MD"           |     |
|    | -             |                       |                           |                          |                     |                 |                               |                |               |                 |             |                  | _   |

DHMH - 16.60M 7/84 (VRA 15, 4)



Rockville, MD 20850

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(VRA 15, 4)

IN CONTRACT TO THE REAL PROPERTY OF THE PARTY OF THE PART 

|  |               | Film G-627 item #14  | 5-15-87 SB   | STATE OF MARYLAND<br>ARTMENT OF HEALTH AND MENTAL HYG  | IFAIF  |   |
|--|---------------|--|--|--|--|---|
| 422  |               | - STATE Per F.   | 4.4  | CERTIFICATE OF DEATH                                   | 0 ~  | 1156  |
| 1623   | 1.0           | DECEASED NAME FIRST  | WIDDLE   | LAST   | REG NO.  | DI WAR IN HOUSE   |
| 9  | (1)           | Marjori Marjori  | e P.   | Connelly   | 4-30 -   | 87 537  |
| 4 moy  | 3. 5          | Female   | 4. RACE<br>White   | 5. DATE OF BIRTH Aug. 27, 1917                         | 6. AGE (IN YEARS LAST BIRTHDAY)                | IF UNDER I YEAR IF UNDER 24<br>MONTHS DAYS HOURS A          |
| Poge   | 70            | BIRTHPLACE (STATE OF FOREIGN   | 76. CITIZEN OF WHAT COUN                                     |  | 9. BALTIMORE CITY OR COUNT                     | YOFDEATH  |
| deoth.   | 1             | Maryland   | U.SAA.   | MARRIED   NEVER MARRIED   WIDOWED   DIVORCED           | Montgom  |   |
| by the fu  | 1             | Rockville  | 13754 Travilah   | Road 20850   | TYPE OF WORK FOR MOST OF WORKING HOUSewife     | 12b. KIND OF BUSINESS INDUSTRY Home                         |
| filled in hould be   | 13c           |  | tgomery Rock   | TOWN 13d. INSIDE CITY LIMITS?  VILLE YES ∑ NO □        | 13. STREET ADDRESS / ZIP COL<br>13754 Travilah | Road 20850  |
| ompletely<br>ond 2 s   |               | FATHER'S NAME<br>FIRST<br>Earnest  | Edward .C  | Connelly Eva FIRST                                     | Louise   | Burdette  |
| be execu   | 160           | (YES NO OR UNKNOWN) (IF YES, GI  | RMED FORCES? 166 SOCIAL 218-24                               | SECURITY NO. 17 INFORMANT Ke<br>L-0153 Patricia A. Ro  | edysville, Md.<br>odgers(daughter)             | 21756<br>Rt. 1 Box 77A1                                     |
| physicic<br>onpoper<br>emoval.   | Г             | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA                                   | nly one couse per line for (o), (b<br>ED BY.<br>TE CAUSE (o) | or, and co.  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA                  |
| unt the deoth ce<br>by the ottendin<br>the remove corb<br>cremotion, or r<br>ether froumotic   |               | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONS  DUE TO, OR AS A CONS                   | arreconjugas   | th   | 6 ma  |
| To Board   | Z             |  | CONDITIONS CONTRIBUTING                                      | TO DEATH BUT NOT RELATED TO THE TERM                   | INAL DISEASE OR CONDITION G                    | VEN IN PART TO  |
| 2000   | CERTIFICATION | 19a DATE OF OPERATION  | 196 CONDITION FOR WI   | HICH OPERATION WAS PERFORMED                           | IN CERT  | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO NO |
| CLAN. T<br>a physic<br>coltrans<br>atol trans  | CAL CER       | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE                                       |  | DAY YEAR 19  | RED (ENTER NATURE OF INJURY IN ITEM 18         | PART I OR PART 2}   |
| the burn of the bu | MEDIC         | 21d. INJURY OCCURRED   | 21e PLACE OF INJURY<br>(AT HOME STREET FACTORY, OF           | FICE FARM, ETC ) 211 LOCATION<br>STREET                | CITY OR TOWN                                   | COUNTY STATE  |
| ENDENCE OF OR OTHER PROPERTY OF THE PROPERTY O | 1             | 22a-I certify that (I) (this hosp  |  | (4)  | 5.10 4/30                                      | , 19, that (I) (we)   |
| AL OR ATTI<br>The hespit<br>AL DIRECTE<br>Heloched for<br>the Dept. of<br>T. If them 21  |               | sow the deceased alive or<br>about, (I) (waterday) (did no                                     | on view the body offer death.                                | DEGREE  ATTENDING PHYSICIAN                            | MEDICAL STAFF                                  | The DATE SIGNED   |
| O HOSPIT<br>mained by<br>TO FUNER<br>hould be out the St.  | 1             |  | AIA M  | D 278 80 9 01  | eas Mill R                                     | of Rockwill   |
| BP   |               | Burial, Cremation, Removal   | 5/2/87   | 23c, NAME OF CEMETERY OR CREMATORY Presovterian Church | Darnestown,                                    |   |
| DHMH - 16 60M 7/B4   | 24.           | FUNERAL DIRECTOR Tyson 1331 Rockville  | Wheeler Funer<br>Pike, Rockville                             | al Home, Inc.  | 4 1987 Julia                                   | LAND STONE WHE  |

(VRA 15, 4)

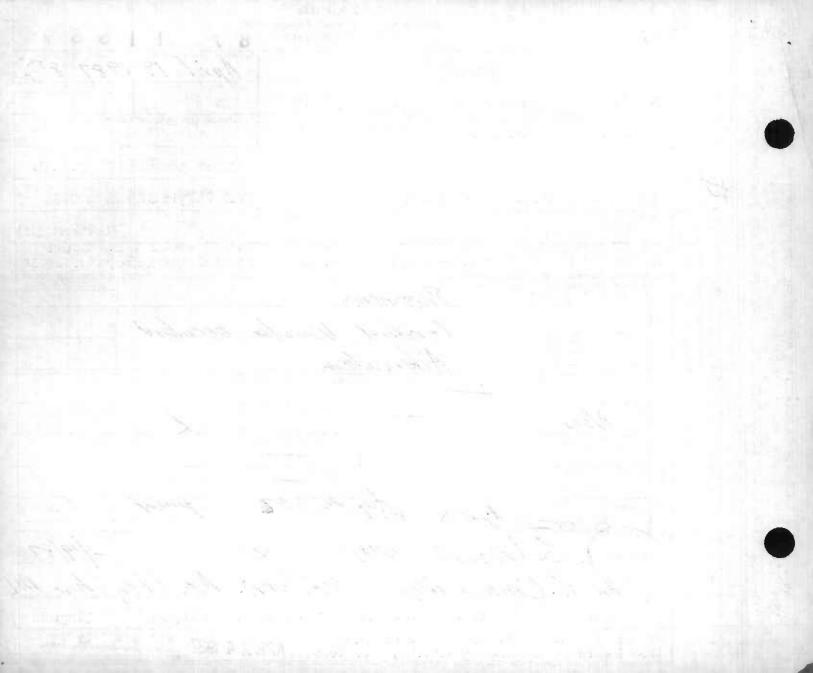
STATE OF MARYLAND

STARSTON LAND THE PROPERTY OF THE PROPERTY OF

|  |                |  |                                   | STATE OF MARYLAND                        |  |   |
|--|----------------|--|-----------------------------------|--|--|---|
|  | 1.             | FOR<br>STATE   | DEPART                            | MENT OF HEALTH AND MENTAL HY             | GIENE  | 1 1 00  |
| 052620 my  | - Strang       | REGISTRAR  |                                   | CERTIFICATE OF DEATH                     | 8 REG. NO.   | 1. 6 37   |
| noy be redected a 7  |                | CEASED NAME FIRST OR PRINT) NORM                                     | AN A                              | COOK                                     | 28. DATE OF DEATH MONTH                                    | 3087 1246A  |
| ge 4 moy<br>ector poor   | 3 SE.          | MAle   | A RACE BLACK                      | 5. DATE OF BIRTH  MONTH  DAY  YEAR  YEAR | 6 AGE (IN YEARS LAST BIRTHDAY)  S  YRS.                    | IF UNDER 1 YEAR IF UNDER 24 HRS                           |
| eoth. Pogential direction of 22 hours  | Ta. BI         | RTHPLACE (STATE OR FOREIGN COUNTRY)  AS hING-ON DC                   | 76 CITIZEN OF WHAT COUNTRY        | MARRIED NEVER MARRIED WIDOWED DIVORCED   | 9 BALTIMORE CITY OR COUNTY                                 | OF DEATH MD   |
| s offer d  | Soi            | UNC SPENO  | 11. NAME OF HOSPITAL, NURS        | NG HOME OR OTHER INSTITUTION             | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE | 126 KIND OF BUSINESS OR                                   |
| ND 212   | USU.<br>13a. S | AL RESIDENCE (IF NURSING HOME OR STATE                               | 4.44                              |  | 130 STREET ADDRESS / ZIP CODE 52 16 40 STREET              | # 108/9/9   |
| MARYLA malerely ond 2 sh   | -              | ATHER'S NAME FIRST   | MIDDLE LAST                       | MARY                                     |  | Nickens   |
| RE.  | 160 V          | VAS DECEASED EVER IN U.S. AR   | MED FORCES? 166 SOCIAL SEC        | URITY NO. 17 INFORMANT                   | ADDRESS  | # 105   |
| IMOR<br>n ond<br>Poge  | (              | YES, NO OR UNKNOWN   IF YES, GIV.                                    | E WAR OR DATES) 4578-38           | -3737 ANN COOK                           | 5216 Ut 5  | TREET N.E. WASH X   |
| T., BALT   |                | IS CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)                 |                                   | ac arest                                 |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH           |
| ON S<br>hding<br>torbo<br>or re<br>otic e  |                | MANGORA  | DUE TO, OR AS A CONSEOL           | JENCE OF J                               | 100 -  |   |
| he deoth c   |                | Conditions, if ony, which  | ( 16) Metas                       | lake aren                                | and lung 141   | nor   |
| 1 W. Pr  |                | gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR & A CONSEQUE           | JENGE OF Failure                         | ) 0  |   |
| RDS, 20  | NOI            | PART 2 OTHER SIGNIFICANT C   | CONDITIONS CONTRIBUTING TO        | DEATH BUT NOT RELATED TO THE TERM        | MINAL DISEASE OR CONDITION GIVE                            | /EN IN PART Ito   |
| AL RECORDS, he low requi   | CERTIFICATION  | 190 DATE OF OPERATION 7  | Respirato                         | in Dependent.                            | HM CERTII  | S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \ \ NO \ \ |
| DIVISION OF VITAL  NG PHYSICIAN: The offer this certificate has sertificate has so she buriol-transit prond Mental Hygier thand Mental Hygier and Adal Hygier procked or them 8 shape orked or them 8 shape or the organization  |                | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA            | ****                              | DAY YEAR                                 | RRED (ENTER NATURE OF INJURY IN ITEM 18 I                  | PART 1 OR PART 2)   |
| ONO<br>HYSIC<br>Iding<br>Ins cert<br>buriol<br>Menti   | MEDICAL        | (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED            | P.M.<br>21e PLACE OF INJURY       | 211. LOCATION                            |  |   |
| VISION OTHER THE STATE OF THE S | ME             | WHILE NOT WHILE  | (AT HOME, STREET, FACTORY, OFFICE | FARM, ETC ) STREET                       | CITY OR TOWN   | COUNTY STATE  |
| A A A A A A A A A A A A A A A A A A A  |                |  | tol) ottended the deceased from   | 3-21 19-81                               | 7.104-30   | 19_8 /, that (I) (we) lost                                |
| Spito<br>CTOP<br>I for of H  |                | sow the deceased alive on.   | t) view the body ofter death.     |  | death occurred on the date and hou                         | ond from the couses stated                                |
| AL OR A<br>The ho<br>AL DIREI<br>Setoched<br>Set Dept  |                | Last 1   | n. Fape                           | DEGREE ATTENDING PHYSICIAN               | MEDICAL STAFF  DIRECTOR   PHYSICIAN                        | 274 DATE SIGNED 4-30-87                                   |
| O HOSPITA From From From From From From From From  |                | 224 PHYSICIARS NAME (TYPEO   | M. TAPE                           | mn 1011 North                            | CAPITOL, N.E.  | WASH. DC 20002  |
| O O O O  | 23a 8          | BURIAL, CREMATION, REMOVAL   | 236 DATE 23c                      | NAME OF CEMETERY OR CREMATORY            | 23d LOCATION   |   |
| 99 BP 777  |                | BURIAL   | MAY 6, 1987 H                     | almony MEM. YX                           | . LANGOVER   | COUNTY MARY AN  |
| DHMH - 16 60M 7/84   | 24 FU          | UNERAL DIRECTOR  | ADDRESS                           | Washington D. C 250. DA                  | TE REC'D. BY REGISTRAR 256 REGIST                          | TAR'S SIGNATURE   |
| (VRA 15, 4)  | )              | JUNEON AJEN  | Lins 716 Kenrely                  | 5+ MU 20011 MI                           | 14 4 198/ Julia  | Dividure Kondo  |

11 ( 24 MAPE BLACK A STATE OF THE PARTY OF THE PAR The Control of the Co MICH ENS.

| A P0              | . 1  | FOR                                     |  | Den 4 Dec                 |              | OF MARYLAND                           | . PAIP                          |   |                    |  |  |  |
|-------------------|--|---|--|---------------------------|--------------|---------------------------------------|---------------------------------|---|--------------------|--|--|--|
| 131               | 580 APR:   | TATE REGISTRAR                          |  | DEPART                    |              | EALTH AND MENTAL HYC<br>CATE OF DEATH | 0 7                             | 1 6 5   | )                  |  |  |  |
|                   |  | I. DECEASED NAME                        | FIRST  | MIDDLE                    | LA           | 51                                    | REG. NO.                        | NTH DAY YEAR 26 HC  | OUR                |  |  |  |
|                   | ь е в в в в в в в в в в в в в в в в в в  | (TYPE OR PRINT)                         |  | arris                     | COS          | ΓER                                   | April                           | 19 1987 8   | ZS                 |  |  |  |
| 4+                | moy<br>er d  | 3. SEX                                  | 4. RACE                                      |                           | 5. DATE O    |                                       | 6. AGE (IN YEARS LAST BIRTHD    |   | ER 24 HRS          |  |  |  |
|                   | ge 4<br>ors oft  | Female                                  | Caucas                                       |                           |              | 31, DAY 898 YEAR                      | 88 YRS                          |   |                    |  |  |  |
| 0                 | leoth. Pa  | Wisconsin                               | U.S.A  |                           | WIDOWE       |                                       | Montgomery                      | County  | MD.                |  |  |  |
| 01                | by the fulled with   | Bethesda                                | Carra  | ige Hill-                 | Bethe:       | ROTHER INSTITUTION  Sda               | Retired Acc                     | orking less industry G.A.                                 | O.                 |  |  |  |
| ND 212            | 24 hour  | Maryland                                | NO HOME OR OTHER INSTITUTION                 | Cheverly                  | E ADMISSION) | 13d. INSIDE CITY LIMITS? YES NO [     | 5703 Caryle                     | Street 20785  |                    |  |  |  |
| YLA               | ithin<br>2 h   | 14 FATHER'S NAME                        | MIDDLE                                       | LAST                      |              | IS MOTHER'S MAIDEN NA                 | ME                              | LACY  |                    |  |  |  |
| MAR               | b aldu   | Joseph                                  | MIDDLE                                       | Harri                     |              | Constan                               |                                 | (Unavaila   | able)              |  |  |  |
| RE, 1             | d cor  | THE WAS DECEASED EVER                   |  | 166 SOCIAL SECU           | JRITY NO.    | 17 INFORMANT                          | Friend) ADDRESS                 | 2 Tobin Court   |                    |  |  |  |
| IWO               | Pog.   | No no or unknown)                       | (IF YES, GIVE WAR OR DATES)                  | 217-44-2                  | 310          | Mrs. Camille                          | Kendall Po                      | otomac, Ma. 20  | J854               |  |  |  |
| SALT              | sicra<br>ppers   | 18 CAUSE OF DEAT                        | H (Enter only ane cause pe<br>/AS CAUSED BY: | er line for (a) 16), ar   | nd (c).)     |                                       |                                 | APPROXIMATE IN  | TERVAL<br>ND DEATH |  |  |  |
| 17                | rtific<br>phy<br>on po<br>emo  | PART I. DEATH W                         | MMEDIATE CAUSE (a)                           | Me                        | uman         | 7/5                                   | Market Street                   |   |                    |  |  |  |
| N                 | ding<br>orbo   | 18 CO. 11 CO.                           | DUE TO, O                                    | OR AS A CONSEQU           | ENCEOF       |                                       | /                               | , ,   |                    |  |  |  |
| PRESTON           | dept<br>ove c<br>iian,   | Conditions, if any,                     | , which ( (b)_                               | CPV                       | asisi        | 1/2secto                              | a scorte                        | ref .   |                    |  |  |  |
| 8                 | the c  | gave rise to imr                        | mediate ng the DUE TO C                      | OR AS A CONTEQU           | ENCE OF      |                                       |                                 |   |                    |  |  |  |
| 3                 | by by officer  | underlying cause                        | e lost                                       | AVIE                      | PIUSE        | 1002                                  |                                 |   |                    |  |  |  |
| 5, 20             | ires t   |   | NIFICANT CONDITIONS                          | ONTRIBUTING TO            | DEATH BUT    | NOT RELATED TO THE TERM               | AINAL DISEASE OR CONDI          | ION GIVEN IN PART ITA                                     |                    |  |  |  |
| RECORDS,          | en s<br>en s<br>or to  | 190 DATE OF OPERA 210. ACCIDENT WAS UNI |  |                           |              |                                       |                                 |   |                    |  |  |  |
| RECO              | low is been sprio  | S 190 DATE OF OPERA                     | TION 196 COND                                | DITION FOR WHICH          | OPERATION    | N WAS PERFORMED                       | 20a AUTOPSY?                    | OB. IF YES, WERE FINDINGS US<br>N CERTIFYING CAUSES OF DE | ATH?               |  |  |  |
|                   | The rion.  | 100%                                    | <i>y</i>                                     |                           |              |                                       | YES NO                          | YES NO  |                    |  |  |  |
| DIVISION OF VITAL | hysicott front Hy  | OR CONTRIBUTING                         | 1100100 4                                    | OF INJURY<br>A.M. MONTH D | AY YEAR      | ZIE. HOW INJURY OCCUR                 | RED (ENTER NATURE OF INJURY I   | NITEM 18 PART I OR PART 2)                                |                    |  |  |  |
| 0                 | SICL) 19 p   | S (IF EITHER NOTIFY MEDI                | ICAI EXAMINER)                               | P.M.                      | 19           |                                       |                                 |   |                    |  |  |  |
| O                 | this e bu  | (IF EITHER NOTIFY MEDI                  | LAT HOME, S                                  | OF INJURY                 | FARM, ETC }  | 211 LOCATION<br>STREET                | CITY OR TOWN                    | COUNTY  | STATE              |  |  |  |
| <u>&gt;</u>       | offer of the orker   | AT WORK NOT WE                          | ORK D  | Mary and                  | 1            |                                       |                                 |   |                    |  |  |  |
| _                 | R. A USE deolis most   |   | (this haspital) attended 1                   | he degeosed from          | me           | 1986                                  | 10                              | ,   | we) last           |  |  |  |
|                   | spite<br>Spite<br>CTO<br>I for<br>of h   | saw the decease                         | ed alive on view the bad                     | y alter death.            |              |                                       | death occurred on the date      | and hour and from the causes                              | stated             |  |  |  |
|                   | OR A<br>e ho<br>ched<br>ched<br>ched   | 226 SIGNATONE                           | 1/1  | -                         | n            | DEGREE                                | AMEDICAL STAFE                  | THE DATE HIGHE  | 2                  |  |  |  |
|                   | TAL (Y the CAL I deto ate I  | 1                                       | 15. M  | who                       | 1/14         |                                       | MEDICAL STAFF DIRECTOR PHYSICIA | N 4/19/8  | 5/                 |  |  |  |
| 1.7%              | Spill by the spill | 22d. PHYSICIAN'S N.                     | AME (TYPE OR PRINT)                          |                           | 4            | 22e. ADDRESS                          | 1                               | 01 01   | M-                 |  |  |  |
| Q-                | D HC<br>Point  | 10MC                                    | 5. (mho                                      | n /11/                    | 2            | 8803 (m                               | n. Mr.                          | hey hose  | Ind.               |  |  |  |
| 4                 | 7 6 F 2 1 3 T  | 230 BURIAL, CREMATION,                  |  |                           |              | EMETERY OR CREMATORY                  | 23d LOCATION                    | COUNTY  | STATE              |  |  |  |
|                   |  | I STEERING MILITING                     | 04/22  | /X/   A                   | runata       | n National C                          | and Artinat                     | an Mirair   | 212                |  |  |  |
|                   | BP   | (SPECIFY) Buria                         | 04/22  | 707                       | ringt        | on National C                         |                                 | on COUNTY VIRGIR  |                    |  |  |  |



| STATE OF MARYLAND |  |
|-------------------|--|
|-------------------|--|

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 101           | REGISTRAR   |                             | CERTIF                       | ICATE OF DEATH          | 8 7 REG. N                   | 0.1 1 6                                      | 6 0                                    |
|---------------|---|-----------------------------|------------------------------|-------------------------|------------------------------|--|--|
|               | CEASED NAME FIRST                                       |                             | WIGDLE 1                     | AST                     | 20. DATE OF DEATH            | MONTH DAY YEAR                               | 7 26. HOUR A.M                         |
|               | Eliz  | ABETH                       | W. CROM                      | WELL                    | 0//2/                        | 1918   | 4.30 M                                 |
| 3. SE:        | X   | 4 RACE                      | 4 5. DATE C                  |                         | & AGE (IN YEARS LAST BIR     | MONTHS DAY                                   |  |
|               | 1   | Whe                         | le   01                      | 26 1918 2               | 69                           | YRS.   |  |
|               | IRTHPLACE   STATE OR FOREIGN                            | 76 CITIZEN OF               | WHAT COUNTRY? 8              | D NEVER MARRIED         | 9 BALTIMORE CITY             | OR COUNTY OF DEATH                           |  |
|               | rizona  | U.S.                        |                              |                         |                              | George's M                                   | ON/ MD.                                |
| 10 C          | ITY OR TOWN OF DEATH                                    |                             | HOSPITAL, NURSING HOME C     | OR OTHER INSTITUTION    | 120 USUAL OCCUPAT            |  | OF BUSINESS OR                         |
|               | akoma Park  | Washing                     | ton Adventist                | Hospital                | Secretary                    | y Ilnk                                       | nown                                   |
|               |   |                             | 13c. CITY OR TOWN            | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS           | / ZIP CODE                                   |  |
| -             |   | ince Geor                   | ges Takoma Par               | KYES NO 🗆               | 7525 Carro                   | oll Avenue                                   | 20912                                  |
| 14. FA        | ATHER'S NAME<br>FIRST                                   | WIDDLE                      | LAST                         | 15 MOTHER'S MAIDEN I    | MIDDLE                       |  | LAST                                   |
| 2             | John  | В.                          | Wright                       | Mary                    |                              | Mc Phe                                       | ee                                     |
|               | WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES   | ARMED FORCES?               | 166 SOCIAL SECURITY NO.      | 17 INFORMANT            | ADDR                         | ESSRt.1, Box                                 | 8255                                   |
| ,             | No  | S, OTTE WAR ON DATES        | 579-22-2352                  | Penny (                 | Cromwell                     | Trade, Ter                                   | nnessee                                |
|               | 18 CAUSE OF DEATH (Ente                                 | er only one couse per       | line for (a), (b), god (c).) |                         |                              | BETWE  | OXIMATE INTERVAL<br>EN ONSET AND DEATH |
|               | PART I. DEATH WAS CA                                    | USED BY:<br>DIATE CAUSE (b) | REJU TA                      | 146-                    |                              | 1  | 3 MIN                                  |
|               |   | DUE TO, O                   | R AS A CONSEQUENCE OF        |                         |                              |  | . 00                                   |
|               | Conditions, if any, which                               | (d)                         | COND                         |                         |                              | 1(   | ) 4K2                                  |
|               | gove rise to immediate couse (a), stating the           |                             | R AS A CONSEQUENCE OF        |                         |                              |  |  |
|               | underlying couse lost                                   | (c)                         |                              |                         |                              |  |  |
| -             | PART 2. OTHER SIGNIFICA                                 | NT CONDITIONS CO            | ONTRIBUTING TO DEATH BUT     | NOT RELATED TO THE TE   | RMINAL DISEASE OR CON        | IDITION GIVEN IN PART                        | 1ro-                                   |
| CERTIFICATION | COR   | PULMON                      |                              |                         |                              |  |  |
| Q.            | 190. DATE OF OPERATION                                  | 196 COND                    | ITION FOR WHICH OPERATIO     | N WAS PERFORMED         | 20a AUTOPSY?                 | 206. IF YES, WERE FINI<br>IN CERTIFYING CAUS |  |
| Į į           |   |                             |                              |                         | YES NO                       | YES 🗌  | NO 🗆                                   |
|               | 210. ACCIDENT WAS UNDERLYING<br>OR CONTRIBUTING CAUSE O | 110110 4                    | M. MONTH DAY YEAR            | 21c. HOW INJURY OCC     | URRED (FINTER NATURE OF INJU | JRY IN ITEM TB PART 1 OR PART 2              | 1                                      |
| CAL           | LIF EITHER NOTIFY MEDICAL EXAM                          | MINER) P.                   |                              |                         |                              |  |  |
| MEDICAL       | 21d. INJURY OCCURRED                                    | 21e PLACE                   | OF INJURY                    | 21f LOCATION<br>STREET  | CITY OR 10                   | OWN COUNTY                                   | STATE                                  |
| -             | AT WORK AT WORK   |                             |                              |                         |                              |  |  |
|               | 220.1 certify that (1) this h                           |                             | 114.                         | 19                      | + 10 22 AT                   | 19 00  | L, that () (we) lost                   |
|               | sow the deceased arive above, (I) (we) (did) (gr        | d ne) view the body         | after death                  |                         | on death occurred on the d   | late and hour and from t                     | he couses stated                       |
|               | 226. SIGNATURE  | 1                           |                              | DEGREE<br>ATTENDING     | MEDICAL STA                  |  | TE SIGNED                              |
|               | W   | 21                          |                              | PHYSICIAN               | ORECTOR PHYSI                | CIAN   1/2                                   | HAX                                    |
|               | 22d. PHYSICIAL STIAME (I                                | YPE OR PRINT)               |                              | 22e ADDRESS             | 10 m Ol                      | 11.  | 0                                      |
|               | 1/JK  | ELMAN                       |                              | 19222 86                | LUCCIT ILLY                  | HANT/uy 1                                    | 4                                      |
| 23a (         | BURIAL, CREMA ION, REMO                                 | VAL 236 DATE                | 23t NAME OF C                | EMETERY OR CREMATOR     | Y 23d LOCATION               | eservoir™Ro                                  | od Nisien                              |
| F             | Removal   | April 2                     | 22,198 Georget               | own Univ Med            | Cata                         |  | 0000=                                  |
| 24 F          | UNERAL DIRECTOR 225                                     | Missouri                    | Ave. ADDN. W. W.             | ash.D.C.                | R 2-7 1987                   | Culia Dender                                 | House                                  |
| Co.           | lumbia Mortua   | ry Service                  | es, Inc.                     | 20011                   | 11 2 1 1301                  | 0  |  |

DHMH - 16 60M 7/B4 (VRA 15, 4)

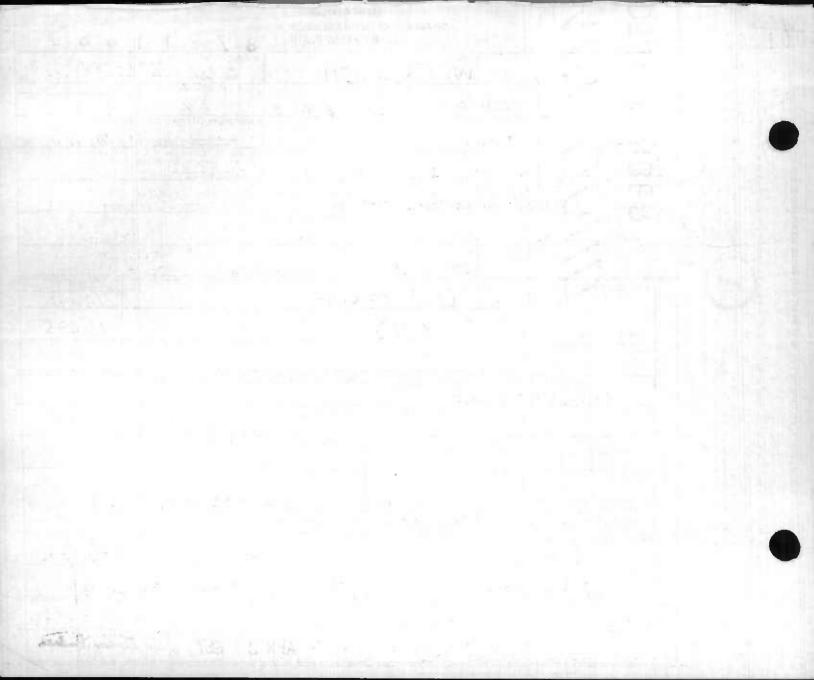
TO HOSPITAL OR ATTENDING

FOR

r. page 3

njury, ar other traumatic

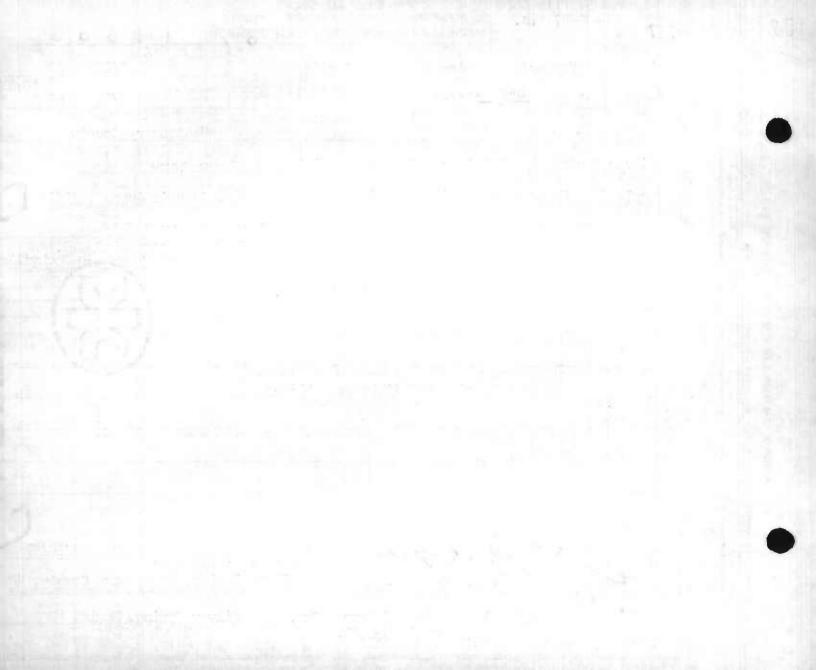
TO FUNERAL DIRECTOR: After this certificate has been signed by the attendit should be detached for use as the burial-transit permit. Then please remaye can with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or MADAITANI. If them 21 is marked or Item.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME LIVING OR PRINCI ESTI-CHOLS DEATH MATED SEX 4 RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 1LLINOIS MONTGOMERY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUS HOMEMAKER HOME 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS HER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE NICHOLS AGNES LARKIN 16h SOCIAL SECURITY NO 7. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS IYES, NO. OR UNKNOWN NO 10735 CRESTUREN LA. LAUREZ. M.D. NONE Haen C. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? a re YES NO DO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE AT WORK AT WORK COUNTY 22a I certify that I taak charge of the remains described above, held an Inspection D Autapsy Inquiry and in my apinian Matural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO FUNERAL DAFTER DEATH. SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME KOGOL! SEMINARY R.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION RIVERDALE CHAMBERS BP. 250 DATE REC'D. BY REGISTRAP 256 REGISTRAP'S SECTION 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) MUNERAL HOME

the second of the board of the second of the

|   |  |               | liten                      |                  |              | 3626            | 252            |                   |               | MARYLAND            |                  |  |                |          |             |         |
|---|--|---------------|----------------------------|------------------|--------------|-----------------|----------------|-------------------|---------------|---------------------|------------------|--|----------------|----------|-------------|---------|
| 1521                                      | 2011   |               | FOR E                      | 1-30-87          | I            |                 |                |                   |               | H AND MEN           |                  |  |                |          | , 49        |         |
| 1061                                      | Z 30. Ua1.   |               | REGISTRAR                  | - Eine           |              | r               | MEDIC          |                   | INEK.2        | CERTIFICA           | IE OIGHE         | 1.0  |                | 0 (      | 0 0         |         |
| 4   |  |               | CEASED NAME<br>E OR PRINT) |                  |              |                 | WIDE           | lt.               |               | IASI                |                  | OF ESTI-<br>DEATH MATED  |                |          | YEAR        | 26 HOUR |
| P   | ASE<br>OR.<br>JRS<br>LES.  |               |                            |                  | jor          |                 | Anr            |                   |               | urtis               |                  |  | . /            | 18       | 19 87       | M       |
|   | STRIEBE  | 3. SEX        |                            | 4 RACE           |              | DATE OF BI      | DAY, YE        | 6 AGE (III        | YEARS IF U    |                     | UNDER 24 HRS     | PRONOUNCED   | MONTH          | Y DAY    |             | 10:15   |
|   | ON ON  | F             | emale                      | Black            |              | Dec. 4          |                |                   | YRS.          |                     |                  | DEAD   |                | /18      | 19 87       | A. M    |
|   | SEAT RAIL  | 7a. BI        | RTHPLACE (SI               | TATE OR          | 76           | CITIZEN O       |                | OUNTRY?           | 8 MARE        | RIED X NEVER        | MARRIED [        | 9 BALTIMORE CIT  | Y OR COU       | NTY OF   | DEATH       |         |
|   | D N N N  |               | 650                        | Md.              |              |                 | JSA            |                   |               |                     | IVORCED [        | Montgon  |                |          |             | MD      |
|   | HE B   | 10. CI        | TY OR TOWN                 | OF DEATH         | 11           |                 |                | , NURSING HO      |               | HER INSTITUTION     |                  | R MOST OF WORKING LIFE   | TYPE OF WORK   | 12b K    | IND OF BU   | SINESS  |
|   | ANY DELAY IS NEGSSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. WOULD BEALLD, WITHIN 2 HOURS RECORDS, 23 W. PRESTON STREET,   |               | Silver                     |                  |              | 142             | 201 Ge         | eorgia /          | venue         | , #101              |                  | Secretary  | 7              |          | _           |         |
| -   | AIN ORE  | USUA<br>13a S | L RESIDENCE                |                  | OME OR O     | THER INSTITUTIO | DN. GIVE RESID | CITY OR TOW       | ISSION)       | 13d INSIDE CITY LI  |                  | REET ADDRESS   |                | 2        | 0 %         | 06      |
| 21201                                     | AN SECOND  |               | aryland                    |                  |              | omery           | Si             | Iver S            | oring         |                     |                  | 01 Georgia   | Aver           | nue.     | #101        | 4       |
| WD  | E0003  | 14. FA        | THER'S NAME                |                  |              | AIDŪLE          |                | LAST              |               | 15 MOTHER'S         |                  |  |                |          | LAST        |         |
| 10  | \$533 X  | 2             | 111131                     | John             |              | hnsor           | 1              | 1001              |               |                     | Flore            | ence Wart  | Field          | 1        | 1701        |         |
| 80  | 25 DAG /   | 16a. V        | VAS DECEASE                | DEVER IN U.S     |              | D FORCES?       |                | SOCIAL SECU       |               | 17 INFORMAN         | 4287             | Muncaste   | i Mi           | 11       | Rd.         | 372     |
| 1 5                                       | 等#2000   |               | No                         | (4 765.          | 0112 1111    |                 | 2              | 14-42-            | 4340          | Flore               |                  | avenport   |                |          |             | cville  |
|   | 20250  |               | 18 CAUSE O                 | F DEATH (Ente    | er only o    | ne couse per    | r line far (a  | ), (b), and (c).) |               |                     |                  |  |                |          | APPROXIMATE |         |
| 2   | AL ENGINEER  | 1.3           | PARTIDE                    | ATH WAS CA       |              | Y:<br>CAUSE (a) | Acut           | e myoca           | ardial        | disease             | e.               |  |                |          |             |         |
| STO                                       | NAT A PER  |               |                            |                  |              | ( DUE TO        | OR AS A        | CONSEQUEN         | E OF          |                     |                  |  |                |          |             | 30/10   |
| SC  | AANS<br>REA<br>REA   |               |                            | ns, if any, w    |              | (b)_            |                |                   |               |                     |                  |  |                |          |             |         |
| *   | OR TRI   |               |                            | stating the un   |              | DUE TO          | OR AS A        | CONSEQUEN         | E OF          |                     |                  |  | ALC:           |          | 100         |         |
| 201                                       | ONAME  | -             | ly mig coo                 | 36 1031,         |              | (c)_            |                |                   | 200           |                     |                  |  | 3.8            |          |             |         |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON | UID BE EXECUTED WITHIN 24 "PENDING" IN PENCIL IN ITER F MEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIT FE HEALTH AND MENTAL HYGE AL, CREMATION, OR REMOUAL   |               | PART 2 OTHER SI            | GNIFICANT CONDIT | IONS CON     | TRIBUTING TO O  | EATH BUT NO    | TRELATED TO THE T | ERMINAL DISEA | SE OR CONDITION GIV | EN IN PART 1 101 |  |                |          | H 1         |         |
| 0   | A S A A LT   | o N           |                            |                  | H            |                 |                |                   |               | s mellit            |                  |  |                |          |             |         |
| 2   | SED AL   | CERTIFICATION | 19a. DATE OF               | OPERATION        |              | 195 CO          | NDITION        | OR WHICH O        | PERATION V    | VAS PERFORMED       | D?               |  |                | 20       | AUTOPSY?    |         |
| 1   | SSE SE  | E             |                            | one              |              |                 |                | ALSON             |               |                     |                  |  |                |          | YES 🗌       | IX ON   |
| OF  | ATE WEN THE WEN TO BE WEN TO BE  |               | 210. EXTERNA               | CAUSE WA         | S            | 215 TIM<br>HOUR | A.M. MO        | RY<br>NTH DAY Y   | AR 21c H      | OW INJURY OC        | CURRED IENTE     | R NATURE OF INJURY IN ITEA   | A 18 PART 1 OR | PART 2)  |             |         |
| O   | SE CO PAR  | S             | CONTRIBUTI                 | NG CAUSE         | OF DE        |                 | P.M.           | 19                |               | Nor                 | ne               | and the same of th | 1134           |          |             |         |
| N N                                       | HIS CRETIFICATE SHOULD WRITING THE WORD "PER ARDED TO THE CHIEF M CG 3 SHOULD BE USED A TE DEPARTMENT OF HEAD A TE DEPARTMENT  | MEDICAL       | 21d INJURY C               |                  |              |                 | CE OF INJ      |                   |               | STREET              |                  | CITY OR TOWN   |                | COUNTY   |             | STATE   |
| ۵   |  | ~             | AT WORK                    | NOT WHILE        |              | Hair            |                |                   |               |                     |                  |  |                |          |             |         |
|   | TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21,  |               | 22a. I certi               | fy that I taok c | horge a      | of the remain   | s described    | l obave, held a   | n Autor       | osy . Ins           | spection .       | Inquiry X  | and in my      | opinian  |             | CLEAN   |
|   | N S S S S S S S S S S S S S S S S S S S  |               | death result               | ed fram: N       | Vatural      | causes X        | Accid          | lent .            | Suicide [     | ], Hamicide         | Unde             | etermined manner   | ٦. أ           |          |             |         |
|   | ERTI<br>LD E<br>WITH<br>ARY  |               |                            | _                | )            | 50              | 7              |                   |               | TITLE (SPEC         | IFY)             |  |                |          |             |         |
|   | ALE<br>ANDOUGH   |               | ACTUAL<br>SIGNATURE        | A                | L            | 7               | (t             | gye               | 2 1           | A.D. Deput          |                  | DICAL EXAMINER   | DAT            | E<br>NED | 4/20,       | /87     |
|   | MEDICAL<br>CUTETHE<br>SE 4 SHO<br>FUNERAL<br>ER DEATH<br>TIMORE,   |               | EXAMINER'S                 |                  |              |                 |                | -                 |               | 19                  | 919 Sem          | inary Road   | t              |          | Day A       |         |
|   | A SHEET SHEE |               | (TYPE OF PRI               | YT)              | Joi          | hn S.           | Roger          | s, M.D            |               | ADDRESS ST          | ilver S          | pring, Mor   | itgome         | ery (    | Count       | , MD    |
|   | 528548   | 23a. Bt       | JRIAL, CREMA               | TION, REMOV      | AL 236.      | DATE            |                | 23c. NAME OF      | CEMETERY C    | OR CREMATORY        | 23d I            | OCATION  | C              | PINUC    | ST          | ATE     |
| 07/84                                     | BP   | 12            | Buria                      |                  | 4-           | -23-87          | 7              | Gate o            | E Heav        | en Cem.             |                  | ilver Spr  | ing, N         | Monte    | g. MD       | 1       |
| 25M                                       | DHMH - 17  | 24. Ft        | NERAL DIREC                | TOR              |              | _246            | DREN. V        | Vashing<br>, MD 2 | ton St        | 25a.                | DATE REC'D.      | BY REGISTRAR 236 R   | EGISTRAR'S     | SSIGNA   | TURE        | 1       |
|   | (VR A15 ME (5))  | G             | eorge 1                    | R. Snow          | <i>i</i> den | Rock            | cville         | e, MD Z           | 0850          | APP 02              | 4000             | 1,0 000  | - 00           | Same .   | : 1         |         |



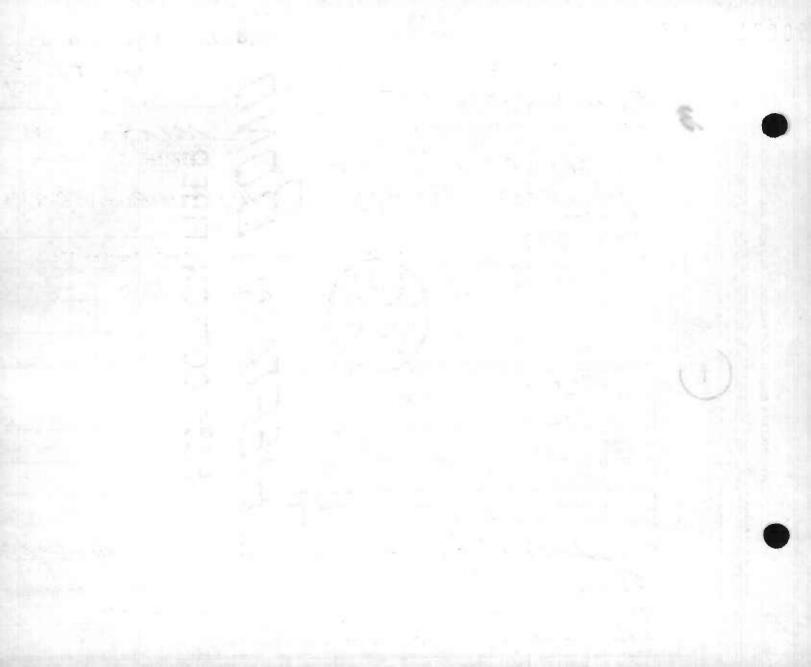
|  | 1             | FOR                                      |               |  | Den                            |                  | OF MARYLAND  |               |                               |                           |                   |                    |
|--|---------------|--|---------------|--|--------------------------------|------------------|--|---------------|-------------------------------|---------------------------|-------------------|--------------------|
| 49629 APR -  | 918           | 7STATE<br>REGISTRAR                      |               |  | DEP                            |                  | EALTH AND MEN  |               | ENE<br>O 7                    |                           | l La              | 4                  |
|  | 1. DE         | CEASED NAME                              | FIRST         |  | AIDDLE                         |                  | AST DE DE DE   | 1             | REG. N                        | NO.                       | DAY YEAR          | Zb. HOUR           |
| nay be<br>poge 3<br>or death   | (TYPE         | Fran Fran                                | RANK          | H  | /H.                            | De               | DANIEUS  |               | April 1                       | 198                       | 7                 | 9:00 PM            |
| or. po   | 3. SE         |  | 4             | RACE   |                                | S. DATE C        |  |               | 6 AGE IN YEARS LAST BI        | RTHDAY)                   | IF UNDER I YEAR   | HOURS MIN.         |
| S S S S S S S S S S S S S S S S S S S  | 1             | Male                                     |               | Black  |                                | 5                | 5  | 52            | 34                            | YRS.                      |                   |                    |
| E 32/ 10   |               | IRTHPLACE (STATE OR F                    |               | b. CITIZEN OF                                    |                                | TRY? 8 MARRIE    | D NEVER MAR  | RRIED X       | 9. BALTIMORE CITY             | OR COUNTY                 | OF DEATH          |                    |
| 9 54 756   | Wa            | shington,                                |               |  | JSA                            | WIDOWE           |  |               | Montgon                       |                           |                   | MD.                |
| 1 4 1 68   | 5.            | ver Spring                               | 1             |  | HEACILITY GIVES                |                  | OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Counselor |               |                               | OF WORKING LIFE) INDUSTRY |                   |                    |
| 2 5 A A  | USU<br>13a S  | AL RESIDENICE (IF NUES                   | 13b. COUNT    | THER INSTITUTION.                                | 13c. CITY OR                   | BEFORE ADMISSION | 13d. INSIDE CITY   | LIMITS?       | 13e STREET ADDRESS            | / ZIP CODE                |                   | 000                |
| ANA PER SA   |               | D.C.                                     | V             | 7  | Vashing                        |                  | ***  | 0             | 625 Opus                      |                           |                   | 997                |
| E 1 10 A//   | 14. F/        | ATHER'S NAME                             | M             | DDLE   | LAST                           |                  | 15. MOTHER'S MA  | AIDEN NAM     |                               |                           |                   | ST                 |
| M 5 50 0871  |               | FRANK                                    |               |  | DANII                          |                  |  | ORES          |                               |                           | BOW               | INS                |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the deoth certificon its executed within 24 hours of other ding physician.  Were this certificate has been signed by the otherding hybrician and completing librid in to as the buriol-tronsit permit. Then please remove corbon largest facility and 3 should be fit in and Mental Hygrene prior to buriol, cremation, or resilvant and a should be fit and a shown on injury, or other traumatice went. |               | VAS DECEASED EVER<br>YES, NO OR UNKNOWN) |               | WAR OR DATES)                                    |                                | SECURITY NO.     | 17. INFORMANT  |               | ADDR                          |                           |                   | Md.                |
|  |               | No                                       |               |  | 578-70-                        | -7527            | FRANK DA   | NIELS         | 625 Opus                      | Ave.,                     |                   |                    |
| A THE  |               | 18 CAUSE OF DEATH<br>PART I. DEATH W     | H (Enter only | one couse per<br>BY:                             | line for (a), (b               | , and ici.       | ,  |               |                               | F 33 (T)                  | APPROX<br>BETWEEN | ONSET AND DEATH    |
| Lear Lear Lear Lear Lear Lear Lear Lear  |               |  | IMMEDIATE     | CAUSE 10)  | Kesp.                          | -classife        | lune   |               |                               |                           |                   |                    |
| RESTON e death ce nove corbination, ar-  |               |  |               | DUE TO, OF                                       | RASA CONSI                     | EQUENCE OF       | ^  | 0             | 0 1                           |                           | H.O.              |                    |
| e deat   |               | Conditions, if any,<br>gave rise to imm  | nediote       | (b)  | Hopu.                          | red du           | -J-e Ve  | being         | cy Sy-do-                     | -                         |                   |                    |
| on W. P<br>that the<br>d by the<br>eleose re-<br>iol, crem   |               | underlying cause                         |               | DUE TO, OF                                       | R AS A CONSE                   | EQUENCE OF       | 1) 0   |               |                               |                           |                   |                    |
| 201<br>es th<br>pleo<br>uriol,   |               | PART 2 OTHER SIGN                        | JIEICANT CC   | (c)  | NITRIBILITING                  | TO DEATH BUT     | NOT BELATED TO   | THE TERM      | NAL DISEASE OR COM            | IDITION OF                | (SALINI DADY I    |                    |
| RDS,   | Z<br>O        | TAKI Z. OTTEK SIOI                       | WILLIAM CC    | ondinors <u>cc</u>                               | ZIVIKIBOTINO                   | TO DEATH BOT     | NOT KELATED TO   | THE TERMI     | NAL DISEASE OR COR            | ADILION GIV               | EN IN PART II     | 0                  |
| Prior  | CERTIFICATION | 19a DATE OF OPERAT                       | ION           | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED |                                |                  |  |               | 20a AUTOPSY?                  | 20b. IF YES               | , WERE FINDI      | NGS USED           |
| ALR In the Island  | I E           |  |               | 5.7  |                                |                  |  | YES NO        |                               | ÝING CAUSES               | OF DEATH?         |                    |
| VITA<br>hysicie<br>roots<br>Tronsit<br>Hygin   | Ü             | 21a. ACCIDENT WAS UND                    |               | 216. TIME OF                                     |                                | DAY YEAR         | 21c. HOW INJUR   | RY OCCURRE    | D (ENTER NATURE OF INJU       | PRY IN ITEM 18 P          | ART I OR PART 2)  |                    |
| DN OF VITA  TYSICIAN: The ding physicic is certificate buriol-tronsit Mentol Hygic world in 18 sho   | CAL           | OR CONTRIBUTING C                        |               | P./  |                                | 19               |  |               |                               |                           |                   |                    |
| PHYSI ending this ce buring dor lih  | MEDICAL       | 21d. INJURY OCCURR                       |               | 21e PLACE (                                      | OF INJURY<br>EET, FACTORY, OFF | FICE FARM FIC )  | 211. LOCATION<br>STREET  |               | CITY OR TO                    | OWN                       | COUNTY            | STATE              |
| DING Phor offer the easthe alth and marked o   | 1             | WHILE NOT WH                             | ILE           |  |                                |                  |  |               |                               | ,                         |                   |                    |
| NS. Heal   |               | 220.1 certify that                       |               |  |                                |                  | 3/21 1   | 19            | , to                          | 4/2                       | 19_37             | that (I) (we) last |
| ATTE OSPIN   |               | saw the decease<br>abave, N(we) (d       | lid/(did not) | view the body                                    | alter death.                   | , 01             | _  | r) opinion di | eath accurred on the a        | ate and hou               |                   |                    |
| OR he he oche oche Dep   |               | 226. SIGNATURE                           | 10.           |  |                                |                  | DEGREE   | NDING .       | MEDICAL STA                   | FF                        | 22c. DATE         | SIGNED             |
| PITAL<br>by the<br>by the<br>ERAL<br>Store   |               | 22d. PHYSICIAN'S WA                      | ME TYPE OR F  | N Comment  | 2-                             |                  | PHY:   | SICIAN E      | DIRECTOR   PHYSI              | CIAN                      | 4                 | 2(87               |
| A Pe d by  |               | 7 10                                     | / )           |  |                                |                  |  | . 0           | ())                           | 0                         | )                 | 1                  |
| MPO H  | 23a P         | BURIAL, CREMATION, I                     | DEMOVAL       | 23b. DATE  | 20                             | 22. NIAME OF C   | 470  |               | Tolal (C)                     | Kec                       | Ku, lla           | , hd               |
| 194614   | 1             | SPECIFY)                                 | LMOVAL        | 4/4/87   |                                |                  | EMETERY OR CREA  |               | 23d. LOCATION<br>CITY OR TOWN |                           | COUNTY            | STATE              |
| 1171   | 24 FL         | B  |               | 4/4/8/   |                                | nAKMUNY          | MEM. PAR   |               | REC'D. BY REGISTRAN           |                           | P.G.              | MD.                |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  |               | NAME                                     | Phi           | 0 0  | ADDRE                          | ESS              |  | 100-          | - A 1007 /                    | a mail                    | der Par           | lath               |
| (, ./  |               | John T.                                  | mirnes        | 10.30  | 115 12t                        | h St.N.          | E  | VLK -         | D 1901 A                      | the Dan                   | A Comment         |                    |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME DATE OF DEATH TYPE OR PRINT Lee ONALD BWSON 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH OF SPACES AND ARRANGE YEAR 28 BALTIMORE CITY OR COUNTY OF DEATH Zo. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY ( STATE OR FOREIGN MARRIED XX NEVER MARRIED West Virginia U.S. A. DIVORCED O CITY OR TOWN OF DEATH 126 KIND OF BUSINES INDUSTRIPTINTE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LEE) Printer Printing USUAL RESIDENCE (III. UISII P. G. Clinton 13e.STREET ADDRESS / ZIP CODE Maryland 20735 10110 Wigan Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ruby Estelle Byrd Benjamin B. Dawson ADDRESS IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 1956-1959 Same as 13 A-E 236-56-2109 Martha B. Dawson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: poen GASTRO INTESTINAL BLEEDING weeks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 6 months HYPERTENSION PORTAL Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. LIVER DISEASE 4201 CIRROTIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARM 10 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? HYPERTENSIUN-BLEEDING 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) did (did not) view the body after in , and that in (my) (aur) apinion death occurred an the date and have and from the causes stated 27k SIGNAT DEGREE 22c. DATE SIGNED ATTENDING # MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS New trimp Ave. SILVER SPRING, MO 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 04/24/87 Maryland Veterans Cem. Cheltenham, Prince George's MI Buria] 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Old Alexander Ferry Road Clinton, Md 20735 (VRA 15, 4)

things if the control of the control

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE YEAR RONOUNCE MARRIED NEVER MARRIED FOREIGN COUNTRY United States Georgia DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING (1FE)

Custodian Private OME OR OTHER INSTITUTION, OTVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY CIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME Reggie Butler Judy Moss 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. LIFYES GIVE WAR OR DATES) Same as 13e Husband 245-26-9235 David Day No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Inspection Autopsy Natural causes death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY IN STANS NAME 25 TYPE ( PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Landover, Maryland STATE Burial 07/84 18Apri187 Harmony Mem. 25M 24 FUNERAL DIRECTOR **DHMH - 17** Frazier's Funeral Home ADDRESS 389 R.I. Aveneu, N.W. (VR A15 ME (5))



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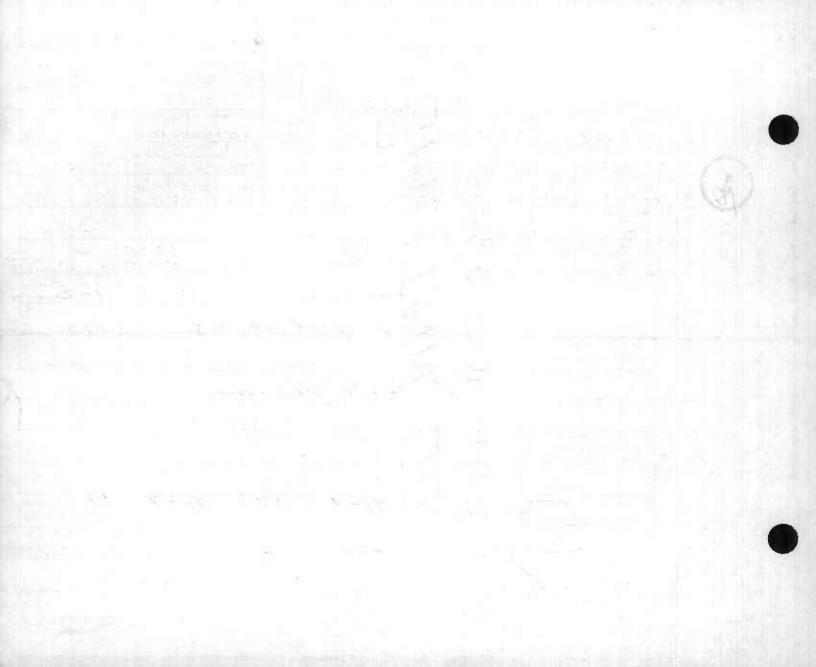
|  |               | 500   |  | STATE OF MARYLAND               |  |                                 |  |  |  |  |  |
|--|---------------|---|--|---------------------------------|--|---------------------------------|--|--|--|--|--|
| 990 APR I                              | )18           | STATE<br>REGISTRAR  | CERTIFICATE OF DEATH 8 / REG NO. 1 5 6 8 |                                 |  |                                 |  |  |  |  |  |
|  | I. DE         | CEASED NAME FIRST   | MIDDLE                                   | LAST                            | 20 DATE OF DEATH MONTH   | DAY YEAR 26 HOUR                |  |  |  |  |  |
| 9 P 9                                  |               |   | < Aloysius                               | Deenihan                        | The second secon | 10.05 A                         |  |  |  |  |  |
| 10 00 m                                | 3 SE          | x   | 4. RACE                                  | 5. DATE OF BIRTH                | April 4, 1987  | IF UNDER 1 YEAR IF UNDER 24 HRS |  |  |  |  |  |
| 4 35                                   |               | W. D.   |  | MONTH DAY YEAR                  |  | MONTHS DATS HOURS MIN.          |  |  |  |  |  |
| Poge all                               | 7n 8          | Male<br>RTHPLACE (STATE OR FOREIGN                                      | Caucasian To CITIZEN OF WHAT COUNTRY     | January 1, 1917                 | 70 YRS   | TY OF DEATH                     |  |  |  |  |  |
| # 11 4                                 |               | COUNTRY)  |  | MARRIED NEVER MARRIED           |  |                                 |  |  |  |  |  |
| * 34 6+                                |               | shington, D.C.  | U.S.A.                                   | WIDOWED DIVORCED [              | 120 USUAL OCCUPATION   | 1126 KIND OF BUSINESS OF        |  |  |  |  |  |
| 人程                                     |               |   | (IF NOT IN SUCH FACILITY, GIVE STREET    | T ADDRESS)                      | (TYPE OF WORK FOR MOST OF WORKING  |                                 |  |  |  |  |  |
| 0                                      |               | Ever Spring AL RESIDENCE (IF NURSING HOME OR                            | 15101 Interlache                         | EN UTILLUE #121                 | Police Officer   | Government                      |  |  |  |  |  |
| 13.30                                  | 130           | STATE 136 COUN  | TY 13c. CITY OR TOV                      | VN 134 INSIDE CITY LIMITS?      |  |                                 |  |  |  |  |  |
| 100                                    |               | ryland Monte  | gomery Silver S                          | pring YES NO 1                  | 15101 Interlact  | ien Drive #121                  |  |  |  |  |  |
| 二型                                     | 1             | FIRST   | MIDDLE                                   | FIRST                           | MIDDLE   | LAST                            |  |  |  |  |  |
| 是的人                                    | 1             | Patrick VAS DECEASED EVER IN U.S. ARI                                   | J. Deeniha                               |                                 | ADDRESS  | Leahy                           |  |  |  |  |  |
| 130年/                                  | 1             | YES, NO OR UNKNOWN) (IF YES GIV   | E WAR OR DATES)                          |                                 |  |                                 |  |  |  |  |  |
| 5 2                                    |               | No I  | 579-18-6                                 | 1423   Greta L. De              | enihan Wife Sc   | rme as 13                       |  |  |  |  |  |
| 917                                    |               | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)                    | ly one cause per line for (a), (b), or   | <b>^</b> /                      |  | BETWEEN ONSET AND DEATH         |  |  |  |  |  |
| 0.00                                   |               |   | E CAUSE (a) Colon                        | Udenocarcin                     | ame.   | 345                             |  |  |  |  |  |
| o o                                    |               |   | DUE TO, OR AS A CONSEQU                  | IENCE OF                        |  |                                 |  |  |  |  |  |
| ove<br>tion<br>ovm                     |               | Conditions, if any, which   | (b)                                      |                                 |  |                                 |  |  |  |  |  |
| emo<br>er fr                           |               | gave rise to immediate cause (a), stating the                           | DUE TO, OR AS A CONSEQU                  | JENCE OF                        |  |                                 |  |  |  |  |  |
| ol, cr                                 |               | underlying couse last.  | (c)                                      |                                 |  |                                 |  |  |  |  |  |
| hen ple<br>a buria<br>jury, ar         | z             | PART 2 OTHER SIGNIFICANT C  | CONDITIONS CONTRIBUTING TO               | DEATH BUT NOT RELATED TO THE TE | rminal disease or condition G  | IVEN IN PART 1(a)               |  |  |  |  |  |
| mrt. Then<br>prior to b<br>any injury  | CERTIFICATION | 19a, DATE OF OPERATION  | 19h CONDITION FOR WHICH                  | OPERATION WAS PERFORMED         | 20a AUTOPSY? 20b. IF Y   | ES, WERE FINDINGS USED          |  |  |  |  |  |
| W.S.O.                                 | FF            |   |  | TO ENTITION THE OWNED           | IN CERT  | TIFYING CAUSES OF DEATH?        |  |  |  |  |  |
| fronsit<br>of Hygie<br>18 sho          | ERT           | 210. ACCIDENT WAS UNDERLYING  | 216. TIME OF INJURY                      | 71r HOW IN JURY OCCI            | YES NO URRED (ENTER NATURE OF INJURY IN ITEM 18  | YES NO                          |  |  |  |  |  |
| ol Hy                                  |               | OR CONTRIBUTING CAUSE OF DEA  | HOUR A.M. MONTH D                        | AY YEAR                         | DIRECT TENTER NATURE OF INJURY IN THEM TO  | PART OR PART 2)                 |  |  |  |  |  |
| Aento Aento                            | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINER                                      | P.M.<br>21e. PLACE OF INJURY             | 211 LOCATION                    |  |                                 |  |  |  |  |  |
| ad ar                                  | ME            | WHILE NOT WHITE   | (AT HOME STREET FACTORY, OFFICE,         |                                 | CITY OR TOWN   | COUNTY STATE                    |  |  |  |  |  |
| Jark                                   |               | AT WORK AT WORK   |  |                                 | 1 1-11   | 00                              |  |  |  |  |  |
| Heo is m                               |               |   | tat) attended the deceased from.         | 0. /                            | 6 10 April 4   | , 19 6 /, that (I) (we) last    |  |  |  |  |  |
| 121                                    |               | saw the deceased alive an<br>abave, (l) ( <del>we) (did</del> ) (did no | t) view the body after death             | , ond mar in timy, it as aprint | an death occurred on the date and ho   |                                 |  |  |  |  |  |
| A He                                   |               | 22 SIGNATURE  | (2):00                                   | DEGREE 70 6                     | rJules Lodish MEDICAL STAFF  | 221. DATE SIGNED                |  |  |  |  |  |
|  |               | Omelia (.   | Vellon Va                                | PHYSICIAN                       |  | Apr 4, 170                      |  |  |  |  |  |
| the St                                 |               | 22d. PHYSICIAN'S NAME (TYPE O   | 0 11                                     | 22e ADDRESS                     | MD 20832   |                                 |  |  |  |  |  |
| should be de with the State IMPORTANT: |               | Vonald 12.  | Dillon, M.D.                             | Olney,                          | MD WISC  |                                 |  |  |  |  |  |
| 3 ≤                                    | 23a 8         | SURIAL, CREMATION, REMOVAL  | 23b. DATE 23c                            | NAME OF CEMETERY OR CREMATOR    | Y 23d LOCATION   | COUNTY STATE                    |  |  |  |  |  |
|  | Bu            | rial_   | Apr. 7. 1987 Ga                          | te of Heaven                    | Silven Spring  | Montagmery Md:                  |  |  |  |  |  |
| 6 60M 7/84                             |               |   | is J. Collins,                           | 74. 250 D                       | ATE REC'D BY REGISTRAR BO REGIS  | SWALL STON VIRE ALL             |  |  |  |  |  |
| RA 15, 4)                              | 50            | 10 University Bl  |  | Spring Md. A                    | AKT A DOL Amon   |                                 |  |  |  |  |  |
|  |               |   |  | Spirited interest               |  |                                 |  |  |  |  |  |

Like Carlotte Committee Co Acquir ter Animal to the first to the 4/14. Assistation, P.C. 41-S.A. Signal States and the destruction Taken alles Police Offices Generalization Telephone and a second of the contract of the Parkiet J. Dentifier Sectionities of Locality Land Started Side and Side and Start Start The street of th

Canada J. C. Calus Stil Linkson eith Shal. D. Silven Serlin, M. The second of th -1× -----على الموسطة والذي إلى الموالم الذي " إلى الموالم الذي " إلك الأمام الذي المواركة المواركة المواركة المواركة ا AND THE PARTY OF T

625 Pavonia Avenue, Jersey City, New Jersey

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b. HOUR (TYPE OF PRINT) DNI poge r 4 RACE 3. SEX DATE OF BIRTH YEAR I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Montgomery USA WestVirginia WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR RETIFED WORKING LIFE IND Constru Takoma Park 131 COUNTY Hyattsville 8 STREET APPRESSY ZIR CORE. 20783 P.G. Md. ME HATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cramines Mary DeMoss Frank 8410BRESHOLLY Street 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LIF YES, GIVE WAR OR DATEST AFES NO OF UNKNOWN 235-05-2010 Laure1, Md. 20707 Nick A. DeMoss no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to to), (b), and ic PART I. DE ATH WAS CAUSED BY ESPITATOYY DUE TO, OR AS A CONSEQUENCE OF W Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF VITAL RECORDS, 201 W. underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an Amil 20
obove, (I) (we) (did not) view the bady after death. and that in (my) (my) opinion death accurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be 7610 Carroll 230 BURIAL, CREMATION, REMOVAL 13c NAME OF CEMETERY OR CREMATORY Md.Nat'1Cemetery 4/30/87 (SPEC Burial Laure1 Maryland P CONIN 7601 Sandy Spring Rd. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Fleck Funeral Home, Inc. Laurel, Md. 20707 (VRA 15, 4)

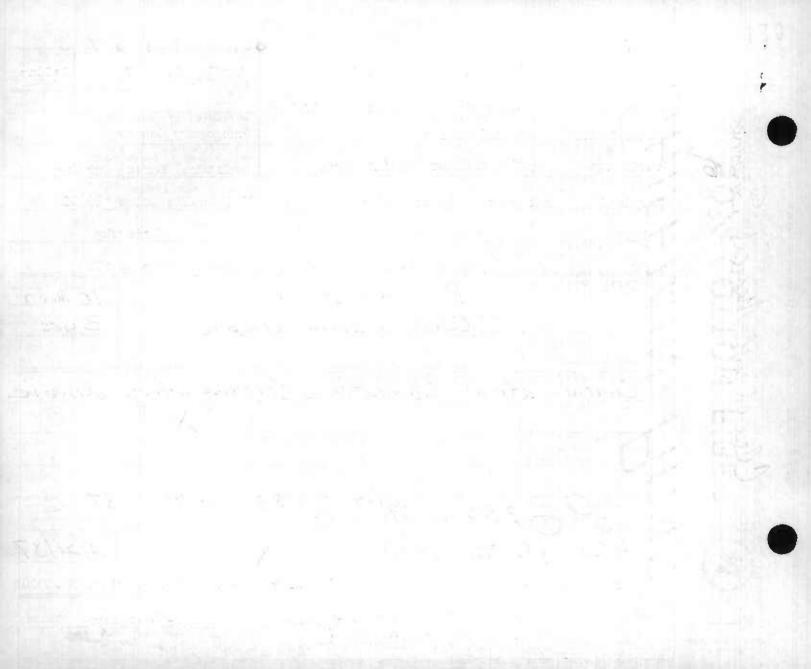
|             |                              |                       | -1               |               |  |  | STATE OF M       | ARYLAND                 |                              |  |                     |                  |
|-------------|------------------------------|-----------------------|------------------|---------------|--|--|------------------|-------------------------|------------------------------|--|---------------------|------------------|
| ns.         | 1010                         | ADS                   | 0 0              | 111-          | FOR<br>STATE   | DEPARTM  |                  | AND MENTAL HYG          | ENE                          | - 1  | 7                   | 13               |
| UU          |                              | Pa.s                  | 10               | 1.0           | REGISTRAR  |  | CERTIFICATI      | E OF DEATH              | REG. NO                      | 10   | 1                   | 4                |
|             |                              |                       | 2                | 1. DE         | CEASED NAME FIRST  | MIDDLE   | LAST             |                         | 20. DATE OF DEATH            | AONTH DAY  | -                   | . HOUR           |
|             | nay be                       |                       |                  |               | william  | AIREET   | Denr             | NEZIN                   |                              | 11 24  | 8,13                | 2235 M           |
|             | ge od .                      | P. d                  | 3                | 3. SE         | 4 R  | ACE  | 5. DATE OF BIRTH |                         | 6. AGE   IN YEARS LAST BIRTH | IDAY) IF UND   |                     | FUNDER 24 HRS    |
|             | ge 4                         | urs of                | 7                |               | MALE   | WHITE  | Non H            | 0091 81                 | 86                           | YRS.   | DATS                | OUKS MIN.        |
|             | 4 4                          | 2 DY                  | 23               |               | RTHPLACE   STATE OR FOREIGN 76. (                                    | ITIZEN OF WHAT COUNTRY?  | MARRIED X        | NEVER MARRIED           | 9 BALTIMORE CITY OF          | COUNTY OF D  | EATH                |                  |
|             | Seoth<br>merc                | 77                    | S                |               | IRELAND  | U.S.A.   | WIDOWED          | DIVORCED                | mont                         | 90ME   | ev                  | MD.              |
|             | 1 2                          | 12                    | 1                | 10 CI         | TY OR TOWN OF DEATH  | NAME OF HOSPITAL, NURSING  |                  | ER INSTITUTION          | 120 USUAL OCCUPATION         |  | KIND OF B           | SUSINESS OR      |
| - 5         | 40 1                         | 25 E                  | $\mathbb{Z}_{1}$ | K             | ockville /   | CALCULATION OF THE PROPERTY OF | Rosssa           | 1 ld 250                | Econom                       | The state of the s | RIVA                | TE               |
| 212         | 2 18                         | 411                   | 11               | USU,          | AL RESIDENCE (IF NURSING HOME OF DEAR                                | R INSTITUTION GIVE RESIDENCE BEFORE  |                  | ISIDE CITY LIMITS?      | 13e STREET ADDRESS           | 4  | 140%                | H                |
| ND          | 19                           | 77                    | F                |               | YONE NO!   | 2  | D.C. YES         |                         | 4000 MI                      | 455, A   | 00!                 | A.W.             |
| XI.         | 1 1                          | 3 3                   | 3                | 14. FA        | THER'S NAME FIRST MIDD   |  | 15. MC           | OTHER'S MAIDEN NAM      |                              |  |                     |                  |
| MA          | 2 是                          | 1/L                   | 14               |               | Jamus!   | DENNISON   | 7                | SAR                     | PAH MIDDLE                   | STAN   | 1EV                 |                  |
| RE,         | d co                         | 11                    | 5                |               | AS DECEASED EVER IN U.S. ARMED                                       | FORCES? 166 SOCIAL SECUR   |                  | FORMANT                 | ADDRES                       | S  | 1                   | ,                |
| MO          | 9 0                          | Pop a                 | 5                | (             | ES, NO OR UNKNOWN)   I IF YES, GIVE WA                               | D66-03-  | 4375 11          | MiANT.                  | DENNISO                      | v s  | 5 Ams               | =#13             |
| ALTI        | fe b                         | 10元                   | 1                |               | 18 CAUSE OF DEATH (Enter only or                                     | ne cause per line for (a). (b), and  | ieli             |                         | 0 - 1 - 1 1 0 0              |  | APPROXIMA APPROXIMA | TE INTERVAL      |
|             | otho phy                     | od I                  | 3                |               | PART I. DEATH WAS CAUSED BY  | 141.05   |                  | RRIST                   |                              |  |                     | C. A. D. C. C.   |
| Z           | and and                      | Se se                 | 2                |               | IMMEDIATEC   | .002 (0)   |                  |                         |                              |  | 7.1A - LL           |                  |
| PRESTON     | -                            | 9 6 6                 | 3                |               | Canditians, if any, which  | DUE TO, OR AS A CONSEQUEN  | PA               | RIPATOR                 | J FAILURE                    |  |                     |                  |
| OK .        | 1 1 1                        | 111                   | ٤                |               | gave rise to immediate cause (a), stating the                        | DUE TO, OR AS A CONSEQUEN  |                  |                         | Strong                       | 01   |                     |                  |
| ₹.          | 1 0 d                        | J. c.                 |                  |               | underlying cause last.   | (c)  | ICE OF           |                         |                              |  |                     |                  |
| 201         | ned per                      | urio<br>v. or         | 2                |               | PART 2 OTHER SIGNIFICANT CON   |  | ATH BUT NOT R    | ELATED TO THE TERMI     | NAL DISEASE OR COND          | ITION GIVEN IN   | PART Ita            |                  |
| RDS         | Paul Paul                    | The                   | 1                | NO            |  |  |                  |                         |                              |  |                     |                  |
| RECORDS     | bee                          | TIM                   | F                | CAT           | 190 DATE OF OPERATION  | 196 CONDITION FOR WHICH (  | PERATION WAS     | PERFORMED               | 20e AUTOPSY?                 | 206 IF YES, WER  | E FINDING           | SUSED            |
| I R         | he lo<br>on.                 | ber o                 | 3                | CERTIFICATION |  |  |                  |                         | YES NO NO                    | IN CERTIFYING  |                     | NO [             |
| VITA        | ysicie<br>cofe               | Hy Hy                 | 2                | CER           | 210. ACCIDENT WAS UNDERLYING   | 216. TIME OF INJURY  | 21c. H           | OW INJURY OCCURR        | ED (ENTER NATURE OF INJURY   | IN ITEM 18 PART 1 O  | R PART 2)           |                  |
| OF          | CIA<br>Ph                    | and of                | 0                | CAL           | OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH DA'  | TEAK<br>19       |                         |                              |  |                     |                  |
| NO NO       | HYS.                         | Ne Ne                 |                  | EDIC          | 21d. INJURY OCCURRED   | 21e. PLACE OF INJURY   | 21f L0           | OCATION<br>STREET       | CITY OR TOW                  | (2)  | YIMUC               | STATE            |
| DIVISION OF | G P                          | ond<br>ked            | 7                | 2             | WHILE NOT WHILE AT WORK  | I AT HOME STREET, FACTORY, OFFICE FA   | RM, ETC )        | 21KEE1                  | CITYORIOW                    |  | 201411              | SIAIE            |
| ā           | OF OF                        | se o<br>fith<br>eofth | 0                |               | 220.1 certify that (1) (this hospital)                               | attended the deceased fram   |                  | , 19                    | , to                         | , 19   | , tha               | it (I) (we) last |
|             | ATTEND<br>spitol o           | of He<br>21 is        | 6                |               | saw the deceased alive an<br>abave, (l) (we) (did) (did nat) vis     | 19   | , and that       | in (my) (aur) apinion d | eath accurred on the dat     | te and haur and f  |                     | , , ,            |
|             | OR A<br>e hos                | bed ten               | 2                |               | 226. SIGNATURE   | ew the body after death.   | DEGREI           | E                       |                              | 2  | 2c. DATE SIC        | GNED             |
|             | the the                      | te D                  | 4                |               | Litt 184   | 1119111 7/1  | 01               | ATTENDING               | MEDICAL STAFF                | AND I  | 4/25                | 1/2              |
|             | HOSPITA<br>ined by<br>FUNERA | be d                  | E                |               | 276 PHYSICIAN'S NAME ITYPE OF PRI                                    | NT)  | 22 e. A          | ADDRESS                 | TORRESTOR ENTRACE            |  | 1                   | -                |
|             | 0 0                          | th the                | 0                |               | 6140 C.B.  | AKSHI M  | 0 111            | 119 ROCKU               | ILLE, PIKE                   | ROU  | corce               | EIMO             |
| 00          | 1980                         | £ 3                   |                  | 23a. E        | URIAL, CREMATION, REMOVAL 2  | 3b. DATE 23_N  | AME OF CEMETE    | RY OR CREMATORY         | 236. LOCATION                | 7,000  |                     |                  |
| 44          | 9 RP 9                       | 7                     |                  |               | SPECIFYI BURIAL  | 900 79 1987 R  | VVCD-            | ck cen                  | CITY OR TOWN                 | strain cour  | YIV YIV             | ATATE .          |
| 1           | 2                            |                       |                  | 24 FL         |  | FUNERAL Home   | ことしたこ            | 250 DATE                | REC'D. BY REGISTRAR 2        | Sh. REGISTR'AR'S   | SIGNATUR            | -                |
|             | DHMH - 16<br>(VRA 1          |                       |                  | 0             | June - 0,110   | WDDWE22  | HINGTON          | DO AP                   | R 2 9 1987                   | ulia David   | er. Kan             | dall             |
|             |                              |                       |                  | 7             | TELLI . EAR OUT  | W13/   | 11441014         |                         |                              |  | -                   |                  |

AVER IT HE IS A STATE OF THE ST The state of the s THE NAME WHITH DE THE PARTY WASHINGTON THE HOUSE SECTIONS A TEN WHEN THE DESIGNATION IN

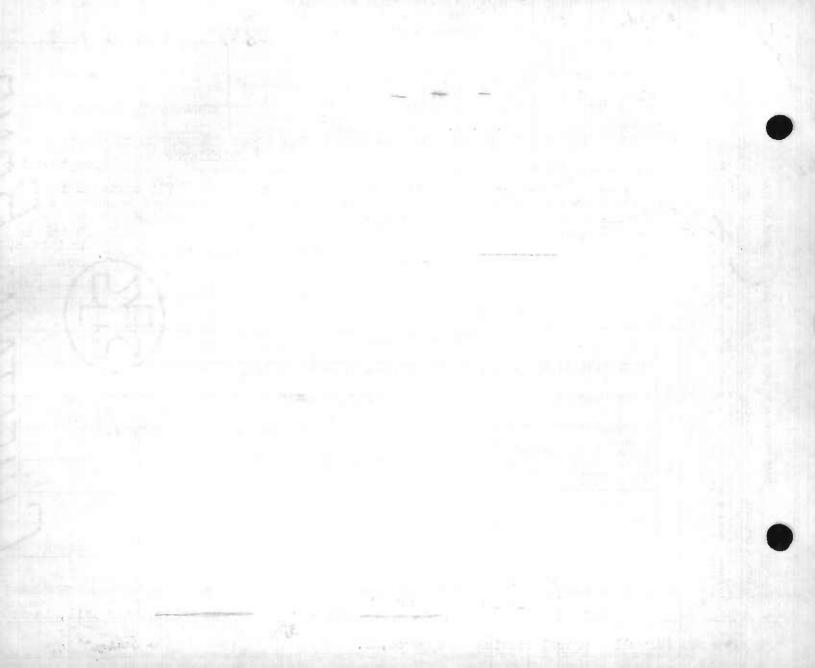
DHMH - 16 60M 7/8-(VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

|          | 1 -     | STATE  | DEP                                |                   | EALTH AND MENTAL HYG   | IENE  |               |                 |  |  |
|----------|---------|--|------------------------------------|-------------------|--|---|---------------|-----------------|--|--|
| AF       | 1 6     | REGISTRAR  |                                    |                   | ICATE OF DEATH   | REG. NO.  | 61            | 3               |  |  |
|          |         | EASED NAME FIRST                                       | MIDDLE                             | t.                | AST  | 20. DATE OF DEATH MONTH D.                                    | AY YEAR       | 26 HOUR         |  |  |
|          |         | Agnes  | В.                                 | De                | Vito   | April 21, 1987  |               | 1:30amm         |  |  |
|          | 3. SEX  | (  | 4 RACE                             | 5 DATE C          |  | 6. AGE (IN YEARS LAST BIRTHDAY)                               | ONTHS DAYS    | IF UNDER 24 HRS |  |  |
|          |         | Female   | Caucasian                          |                   | ember 18,1907  | 79 YRS.   | 5413          | Mil.            |  |  |
| 100      |         | RTHPLACE (STATE OR FOREIGN                             | 76. CITIZEN OF WHAT COUN           | ITRY? 8           | NEVER MARRIED  | 9. BALTIMORE CITY OR COUNTY                                   | OF DEATH      |                 |  |  |
| 2        |         | ennsylvania  | United States                      |                   |  | Montgomery Count  | ty, MD.       |                 |  |  |
| m        | 10. CI  | TY OR TOWN OF DEATH                                    | 11. NAME OF HOSPITAL, N            | URSING HOME C     |  | 120 USUAL OCCUPATION  |               | OF BUSINESS OR  |  |  |
|          | Ker     | nsington   | Circle Manor                       | Nursing           | Home.  | Registered Nurse  | ing           |                 |  |  |
| Sec.     | USUA    | AL RESIDENCE (IF NURSING HOME OF                       | R OTHER INSTITUTION GIVE RESIDENCE | BEFORE ADMISSION) |  |   | Nuls          | III B           |  |  |
| 4        |         |  |                                    |                   |  | 13e.STREET ADDRESS / ZIP CODE                                 | e 209         | 02              |  |  |
| _        |         | ryland Mon   | tgomery   Silve                    | er Sprin          | 15 MOTHER'S MAIDEN NAM   | 1707 Dublin Driv  | e_ 209        | 02              |  |  |
| 1        | 9       | FIRST  | MIDDLE LAS                         | T                 | FIRST  | WIDDLE  | LAS           | ST              |  |  |
| 5        | 2       | Frank  | Orlows                             | SECURITY NO.      | Emilie   | Majo<br>ADDRESS   | wsky          |                 |  |  |
| 1        |         | VAS DECEASED EVER IN U.S. AF                           | VE WAR OR DATES)                   |                   |  |   |               |                 |  |  |
|          |         | No   | 200-09                             | 9-9541            | Albert F. Z  | immerman same a   |               |                 |  |  |
|          |         | 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUSE | BETWEEN                            | ONSET AND DEATH   |  |   |               |                 |  |  |
|          |         |  | TE CAUSE (D)                       | rusten            | n stronce  |   | 10            | ) Murs          |  |  |
|          |         |  | DUE TO, OR AS CONS                 | SEQUENCE OF       | 1  | N   | )             |                 |  |  |
|          |         | Conditions, if ony, which                              | ( b) care                          | O-OVE             | xular de   | scase   | )             | 45              |  |  |
|          |         | gave rise to immediate cause (a), stating the          | DUE TO, OR AS A CONS               | SEQUENCE OF       |  |   |               |                 |  |  |
| 17       |         | underlying couse lost.                                 | (c)                                |                   |  |   |               |                 |  |  |
|          |         | PART 2 OTHER SIGNIFICANT                               | CONDITIONS CONTRIBUTING            | ODEATH BUT        | NOT RELATED TO THE TERM  | INAL DISEASE OR CONDITION GIVE                                | N IN PART     | O.              |  |  |
|          | NO.     | Chroma   | atrial 1                           | ib-rilla          | tion Co  | ronay artery  | de            | sease           |  |  |
| 1        | CAT     | 196 DATE OF OPERATION                                  | 1% CONDITION FOR W                 | WERE FINDIN       |  |   |               |                 |  |  |
| $\times$ | 14.     |  |                                    |                   |  | D CAUSES  | NO []         |                 |  |  |
| 0        | CERTI   | 2)4. ACCIDENT WAS UNDERLYING                           | 216 TIME OF INJURY                 |                   | 214. HOW INJURY OCCURR   | E HOW INJURY OCCURRED   ENTER NATURE OF HOURS IN COMMERCE FAR |               |                 |  |  |
| 7        |         | OR CONTRIBUTING CAUSE OF DE                            |                                    | DAY TEAR          |  |   |               |                 |  |  |
|          | MEDICAL | 21d INJURY OCCURRED                                    | 21s PLACE OF INJURY                |                   | 7H LOCATION  | The second second   |               |                 |  |  |
| 15       | ¥       | AT WORK  | (AT HOME, STREET, FACTORY, O       | HICE FARM EICS    | SHEET  | CINONOM   | COUNTY        | UIATE.          |  |  |
|          | 29      | 77s.1 certify that (h) this hosp                       | ital) attended the deceased t      | 100 -6/1          | 7 10 8 2   | 10 A/21   | .87           | the Columniant  |  |  |
|          | -31     | serve thanker around olimpie                           | 3/13                               | Course I          | at that is fay (our) opinion s   | death occurred on the date and hour                           | sind from the | enuses stated   |  |  |
|          | Sec. 1  | 27% SICHATURE  | at we the body after death.        |                   | DEGREE   |   | 122 DATE      | S/GNED/         |  |  |
| n        |         | Low  | Carta                              | MA                | CONTROL OF THE PROPERTY OF THE | MEDICAL STAFF DIRECTOR PHYSICIAN                              | 1/            | 21/87           |  |  |
| 1        |         | 22d PHYSICIAN'S NAME (TYPE                             | OR PRINTI                          | - of              | 127e ADDRESS   | DIRECTOR   PHYSICIAN  | 1-11-         | -101            |  |  |
| /        | 200     |  |                                    |                   | 2021 (\$12,002,003,001)  | in Arr Cileron Co   | mina          | M4 20002        |  |  |
|          |         | George S. Ke   |                                    | T                 |  | ia Av., Silver Sp   | ring,         | rid . 20902     |  |  |
|          | 230. B  | URIAL, CREMATION, REMOVAL<br>SPECIEY)<br>ITIAL         |                                    |                   | EMETERY OR CREMATORY   | 23d LOCATION<br>CITY OR TOWN                                  | COUNTY        | STATE           |  |  |
|          |         |  | Apr 25,1987                        |                   | pulcher Cemete   | eny Wyndmoor, Mont  | gomery        | Penna           |  |  |
| 4        | Bet     | INERAL DIRECTOR Robert                                 | A. Pumphrey                        | Funeral :         | Home/<br>sin Ave.  | E REC'D. BY REGISTRAR 256 REGISTR                             | AR'S JGNA     |                 |  |  |
|          | Be      | hesda-Chevy Ch<br>thesda, Maryla                       | nd '20814                          | , MISCOIL         | APR 2  | 7 1301  |               |                 |  |  |



|                 |   | #5            | 500                                       | 3c., G-6   |                    | 5/5/8                             | 7, by                      |  |                   | ARYLAND<br>AND MEN        |                 | GIENE          |                         |                |              |         |                         |                           |
|-----------------|---|---------------|---|--|--------------------|-----------------------------------|----------------------------|--|-------------------|---------------------------|-----------------|----------------|-------------------------|----------------|--------------|---------|-------------------------|---------------------------|
| 151             | 8 5 3 APR   | 15-1          | STATE ン I<br>REGISTRAR                    | '. II, . / GLI   |                    | MED                               |                            | XAMIN  | ER'S C            | ERTIFIC                   | ATE OF          | DEAT           | Н                       | REG.           | Nd           | 6       | 7 4                     |                           |
| V               |   |               | CEASED NAME<br>E OR PRINT)                | FIRST  |                    | 4                                 | MIDDLE                     |  |                   | LAST                      |                 | 2a.            | DATE KI                 | NOWN<br>ESTI-  | MON!         | TH DA   | Y YEAR                  | 26 HOUR                   |
| Λ               | A 8 8 8 F   |               |   | Darw   |                    |                                   | Lerc                       | wh   |                   | Dicke                     | -               |                | DEATH A                 | MATED          | 4            | 24      | 1987                    | M                         |
| 1               | PRECIONSTR  | 3 SEX         | lale                                      | White  | S. DAT             | E OF BIRTH                        | 1931                       | LAST BIRTHD  | AY) MONTE         |                           | HOURS           |                | DATE<br>ONOUNC<br>DE AD | ED             | A            | 24      | 1987                    | 1:22E                     |
|                 | ECESSA<br>INFERAL<br>FOR Y  | FO            | RTHPLACE (ST<br>REIGN COUNTRY)<br>nnesota |  |                    | U. S.                             |                            | RY?  | 8. MARRI<br>WIDOW | ED X NEVE                 | R MARRIED       |                |                         |                | OR COU       | NTY O   |                         | MD                        |
| ,               | ELAY IS NOTHER!   |               | rockvil                                   | le /   | Sh                 | not in such fact                  | ove I                      | Hospit   | al                | ER INSTITUTIO             | ON              | Brice<br>Brice | RIAY                    | I) NOTE        | PPE OF WOR   | K 12b   | KIND OF BU<br>OR INDUST | JSINESS                   |
| 21201           | PAN S   | 13a S         |   | IF IN NURSING NOME OF  | or other in        | nt<br>nt                          | 13c. CITY                  | Priore admission of the control of t | n                 | 13d. INSIDE CITY<br>YES - | LIMITS?         | 3e STREE1      | ADDRES                  | s 715          | Car          | ter     | Prive                   | 149                       |
| RE. MD          | Seath 20  | P             | THER'S NAME                               | 1.   | MIDDLE             |                                   |                            | <sup>As</sup> Dicke  |                   | 15 MOTHER'                | Lyd             |                | MID                     |                |              |         | Hetla                   | nd                        |
| ALTIMO          | ACT SACTOR  | 16a. V<br>(Y  | VAS DECEASEI<br>ES, NO, OR UNKNO<br>NO    | DEVER IN U.S. AR   | MED FO<br>WAR OR D | RCES?                             |                            | 28-223   |                   | Billie                    | ***             | Dick           | ey 71                   | ADDRE<br>15Ca: |              |         | Arlin<br>Texas          | gton,                     |
| NS NC           | AL DE LE  |               | 18 CAUSE O<br>PART I DE                   | F DEATH (Enter on<br>ATH WAS CAUSE<br>IMMEDIA                                | D BY:<br>TE CAUS   | SE (a) Art                        | terio                      | sclero   |                   | cardio                    | ascu]           | lar d          | iseas                   | se             |              |         | APPROXIMAT              | E INTERVAL<br>T AND DEATH |
| 201 W. PREST    | UTED WITHIN 3 IN PENCIL IN I EXAMINER AL RAIL TRANSIT D MENTAL HYG ON, OR REMO  |               | gave ris                                  | is, if ony, which<br>e to immediate<br>stating the <u>under-</u><br>se last. | )                  | (b)<br>DUE TO, OR (c)             |                            |  |                   |                           |                 |                |                         | d              |              |         |                         |                           |
| CORDS           | BE EXECUTED IN THE PROPERTY OF A BUILD ALTH AN CREMAN   | NO            | PART 2 DIHER SI                           | GNIFICANT CONDITIONS   | CONTRIBU           | TING TO DEATH B                   | UT NOT RELAT               | ED TO THE TERM   | INAL DISEASI      | E OR CONDITION 6          | GIVEN IN PART   | 1 (8).         |                         |                |              |         |                         | 15                        |
| ITAL RE         | SHOULD<br>CHIEF A<br>CHIEF A | CERTIFICATION | 19a. DATE OF                              | OPERATION  |                    | 196 CONDIT                        | ION FOR V                  | VHICH OPER   | ATION W           | 'AS PERFORM               | ED?             |                |                         | 41             |              | 20      | AUTOPSY<br>YES 🌣        | ?<br>NO 🗆                 |
| DIVISION OF VIT | CERTIFICATE SHOULD RELIGIOUS THE CHE CHE CHE SE 3 SHOULD BE USE E DEPARTMENT OF 101 PROR TO BURING  |               | UNDERLYING                                | CAUSE WAS<br>OR<br>NG CAUSE OF   |                    | 21b. TIME OF<br>HOUR A.M.<br>P.M. |                            | DAY YEAR   | 21c. HC           | OW INJURY O               | OCCURRED        | (ENTER NAT     | URE OF INJUI            | RY IN ITEM     | 18 PART 1 OR | PART 2) |                         |                           |
| DIVISION        | THIS CERT<br>WARDED 1<br>WARDED 1<br>PAGE 3 SH<br>TATE DEP  | MEDICAL       | 214 INJURY C                              |  |                    | 21e PLACE C<br>STREET, FACTO      | OF INJURY<br>ORY, FARM, ET |  |                   | CATION                    |                 | c              | ITY OR TOWN             | N              | 36           | COUNTY  |                         | STATE                     |
|                 | THES AND,   |               | 22a I certi                               | y that I took chord  | ge of the          |                                   | cribed obov                |  | Autop             | y X,                      | Inspection de . |                | Inquiry [               |                | and in my    | opinian | 1                       |                           |
| •               | AL EXA<br>HOULD<br>HOULD<br>HOULD<br>ATH, WI<br>RE, MAR   |               | ACTUAL<br>SIGNATURE                       | W.   | -                  | 9                                 | _                          |  | M                 | TITLE (SPE                | stant           | MEDICA         | AL EXAMI                | NER            | DA1<br>SIG   | TE A    | 4-25-8                  | 37                        |
|                 | O MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI TO TUBEAL DIRE AFTER DEATH, WITH BACKLMORE, MARYI  |               | EXAMINER'S<br>(TYPE OR PRI                | AT) WII.   |                    | M. Za                             |                            |  |                   | VDDIKE 22                 | 111 P           |                |                         | Balt           | 0.,          | MD 2    | 21201                   |                           |
| 190             | 1999<br>BP 99   |               | DULC                                      |  | 4-3                | 0-87                              | 0                          | a Till C   | Lal               | R CREMATOR<br>Emetery     |                 | 23d. LOCA      | is-Pa                   | lls.           | ton,         | r Ta    | ail, M:                 | innesc                    |
| 2381            | DHMH- 17<br>(VR ATS ME (5))   |               | INERAL DIRECT NAME                        | Funeral  | Ser                | ADDRESS                           | Upp                        | erco,  | MD.               |                           | VPR Z           | 37 is          | 87                      | Juli.          | GISTRAR'     | SSIGN   | ATURE                   |                           |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME MIDDLE Julia Sutton Dingee 5. DATE OF BIRT 4. RACE AGE CINYEARS LAST BIRTHDAY IF UNDER I YEAR March 3, 1913 Female 74 Caucasian To BIRTHPLACE I STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. WIDOWEDKK Montgomery IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Legal Secretary INDUSTRY Washington Adventist Hospital Lawyers Office Takoma Park HSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Prince Geo. 136 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4301 73rd Avenue Hyattsville 20784 YES TX NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Arthur Annie Sutton Fitzpatrick 17. INFORMANT 10904 Joycetoppr Drive 16h SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Marion Carlson, Upper Marlboro, Md. 20772 088-14-0031 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)?
PART I, DEATH WAS CAUSED BY: suchac IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED

Marguez 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

04-22-87

274 PHYSICIAN'S NAME THE

Burial

Mr. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

23d. LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

2FRANCISOGASCH'S SONS FUNERAL HOME. P. A 250. DATE REC'D. BY REGISTRAR 4739 Baltimore Ave., Hyattsville, Maryland 20781AP

Gate of Heaven Cemetery Silver Spring, Mont

SER 30 SER 1 HANDERS

|  |                      |  |                               |                      | ATE OF MARYLAND            |                         |                       |  |
|--|----------------------|--|-------------------------------|----------------------|----------------------------|-------------------------|-----------------------|--|
| 51112 1081   |                      | FOR<br>STATE<br>REGISTRAR                                      | D                             |                      | HEALTH AND MENTAL          | 65 49                   |                       |  |
| 211.45 210.4   |                      | TEASED NAME / FIRST  | WIDOLE                        |                      | LAST                       | 20. DATE OF DE          | EG. NO.               | DAY YEAR 126 HOUR                              |
| be oge 3 death   |                      | ORPRINT) NED   | M.                            | D                    | DOSON                      | April                   | 13, 19                | 87 6:55 PM                                     |
| moy<br>pod   | 3 SE                 |  | 4 RACE                        | S. DAT               |                            | 6. AGE (IN YEARS        | LAST BIRTHDAY)        | MONTHS DAYS HOURS MIN.                         |
| rector   |                      | MALE   | WHITE                         | Ju                   | NE 30, 193:                |                         | 5/ YRS                |  |
| 2 10 d d d   | 0                    | RTHPLACE (STATE OR FOREIGN                                     | 76 CITIZEN OF WHAT CO         | UNTRY?   8   MAR     | RIED X NEVER MARRIED       | 1 11                    | CITY OR COUNTY        | OF DEATH                                       |
| Think of   |                      | NNS YWANIA   | U.S.A.                        | . WIDO               | WED DIVORCED               |                         | omery (               | 126. KIND OF BUSINESS OR                       |
| - 1 2 6 8  | <:                   | 1,,,   | (IF NOT IN SUCH FACILITY G    | SIVE STREET ADDRESS) | 11                         | TYPE OF WORK FOR        | MOST OF WORKING LIFE  | E) INDUSTRY                                    |
| hours hours  | UsU.                 | AL RESIDENCE (IF NURSING HOME OF                               | OTHER INSTITUTION GIVE RESIDE | NCE BEFORE ADMISSIO  |                            |                         | UNER                  | Music  |
| ND 21  |                      | ARYLAND NON  | ST. CO. Sule                  | R SPRING             | YES NO                     |                         | RESS / ZIP CODE       |  |
| Thun thin thin thin thin thin thin the  | 14 FA                | THER'S NAME  |                               |                      | 15. MOTHER'S MAIDEN        | NAME                    | - 1 - 1 - 10-1        |  |
| ed within 24 ond 2 shortly filler ond 2 shortly eller ond 2 shortly filler ond 3 shortly fill |                      | CLAYTON  | MIDDLE DO                     | DSON                 | LOUIS                      | -                       | DDLE                  | MOORE  |
| Re Control   |                      | VAS DECEASED EVER IN U.S. AF                                   | MED FORCES? 166 SOC           | IAL SECURITY NO      | . IT INFORMANT             | THE REPORT              | ADDRESS               |  |
| BALTIMOR   |                      |  | NONE 179-                     | -28-80=              | 18 MARY LOU                | RUPP FR                 | WIST. B               |  |
| BAL<br>months  |                      | 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUSE         | nly one couse per line for to | 1, (b), and ic :1    | MANRY OF                   | 105k                    |                       | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |
| SI.  |                      |  | TE CAUSE (0) CAR              | 10 Pucci             | Original Di                | 0071                    |                       | 12(014)1182                                    |
| PRESTON ST<br>for alterating a<br>green company of the<br>company of the   |                      |  | DUE TO, OR AS A CO            | NSEQUENCE OF         | 7907610                    | hon                     |                       | 37075  |
| SE S   |                      | Conditions, if ony, which gove rise to immediate               | (p) DUM                       | 1113100              | · more                     | 110.4                   |                       | 0000   |
| 3 0 20 1   |                      | underlying couse lost.   | DUE TO, OR AS A CO            | SUSEQUENCE OF        | ROLOVEST.                  | INDE BOU                | woshod                | 10 ( 90Y                                       |
| ( ) S  | 13                   | PART 2 OTHER SIGNIFICANT                                       | CONDITIONS CONTRIBUT          | ING TO DEATH B       | UT NOT RELATED TO THE      | TERMINAL DISEASE OF     | CONDITION GIV         | EN IN PART 110                                 |
| 208  | S S                  | HYPERTE  | 505,000                       |                      |                            |                         |                       |  |
| D 1 1 1 3  | <b>CERTIFICATION</b> | 190 DATE OF OPERATION  | 196 CONDITION FOR             | R WHICH OPERAT       | ION WAS PERFORMED          | 20a AUTOPS              | IN CERTIF             | S, WERE FINDINGS USED<br>YING CAUSES OF DEATH? |
| E E STATE  | E                    | 71a. ACCIDENT WAS UNDERLYING                                   | 7 216. TIME OF INJURY         |                      | 1214 HOW IN ILLEY OC       | YES NO                  |                       | S NO   |
| A SEE SE   |                      | OR CONTRIBUTING CAUSE OF DE                                    | HOUR A.M. MON                 |                      | AR                         | CORRED (ENIER NATURE    | DE INJURY IN HEM IS P | ART I OR PART 2)                               |
| NO SER SER SER   | MEDICAL              | (IF EITHER NOTIFY MEDICAL EXAMINE                              | P.M.<br>21e PLACE OF INJURY   | 1<br>Y               | 211 LOCATION               |                         |                       |  |
| DIVISION OF VITAL RECORDS, NG PHYS/CLAN The law reg categories physician the thus certificate has being the sign the thus certificate has being the sign the first of the sign | Me                   | WHILE NOT WHILE D  | (AT HOME, STREET, FACTOR      |                      | STREET                     | CI                      | TY OR TOWN            | COUNTY STATE                                   |
| 2 2 2 12 X   |                      | 22a.1 certify that (I) (this hasp<br>saw the deceased alive an | ital) attended the decease    | d from               | 10 . 19_                   | 87 . 10 4               | 113                   | 19 27 , that (I) (we) lost                     |
| E 8 6 3 3 1  |                      | sow the deceased alive or<br>above, (1) (we) (did) (did no     | ot) view the body ofter deot  | 19 X /               | and that in (my) (our) opi | inion death occurred or | the dote and hou      | r and from the couses stated                   |
| O S S S S S S S S S S S S S S S S S S S  |                      | 226. SIGNATURE   | m1 2 00                       |                      | DEGREE ATTENDIN            | NG MEDICAL              | STAFF                 | 221. DATE SIGNED                               |
| -f800  |                      | Jary 1   | Morale                        |                      | PHYSICIA                   | DIRECTOR .              | PHYSICIAN [           | 4/4/   |
| TO HOSPITA TO FUNERA should be de with the Stot  |                      | 22d PHYSICIAN'S NAME (TYPE                                     | IN BINDE                      | <                    | 27e ADDRESS                | NCOON A                 | NAG R                 | an,002475                                      |
| OT Show  | 23n                  | SURIAL, CREMATION, REMOVAL                                     | 123b DATE                     | 23t NAME O           | CEMETERY OR CREMATO        |                         |                       |  |
| BP   | .54                  | SPECIFY) BULLAL  | APRIL 16 198                  |                      | PARK COMETE                | CITY OR T               | OWN                   | LUMBIA CO. PENASYLUAN                          |
|  | 24 F                 | JNERAL DIRECTOR  |                               |                      |                            | . DATE REC'D. BY REGI   | STRAR 258 REGIST      | RARS SIGNATULE -                               |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | wu                   | CHAMBERS CO. IN  | c. 8655 George                | ADDRESS              | inter Spire MD.            | APR 2019                | 87 Julia              | Devider Rendalls                               |

TANK MANAGEMENT THE STATE OF TH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LIVEE OR PRINTS Zadoretska Dulka April 7, 1987 Pauline 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS 1906 30. Female. Caucasian Oct. To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County United States WIDOWED IX Ukraine 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
FOOD Service INDUSTRY Bethesda Grosvenor Health Care Center Insurance Co LISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 199 Rollins Avenue/20851 Montgomery Rockville Maryland YES TX NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Nicholas Zadoretska available not 13811 Sloan Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 063 22 7823 Alicia Zabriskie NO Rockville, MD 20853 I CAUSE OF DEATH if riter only one course per line for (a), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO: OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTOOT RELATED TO THE TERMINAL DISEAS OR PONDITION GIVEN IN PART I'M THE DATE OF OPERATION 196. CONDIMON FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSY 70s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the decerned from sow the deceased alive on obove. (1) (web (did) (did not) view to and that in (my) (part) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE BOREE ATTENDING A MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRIN 22e ADDRESS ld b IMPORTA 23a BURIAL, CREMATION, REMOVAL 236. DATEApril 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 11. 1987 Gate of Heaven Cem Silver Spring, Maryland BP 24 FUNERAL DIRECTOR Obert A. Pumphrey Funeral Home /250 APROPRY 98 RARRY REGISTRANCE CONTROLLED DHMH - 16 60M 7/84 Rockville, Inc. (VRA 15, 4) 300 West Montgomery Ave. Rockville, MD

STATE OF MARYLAND

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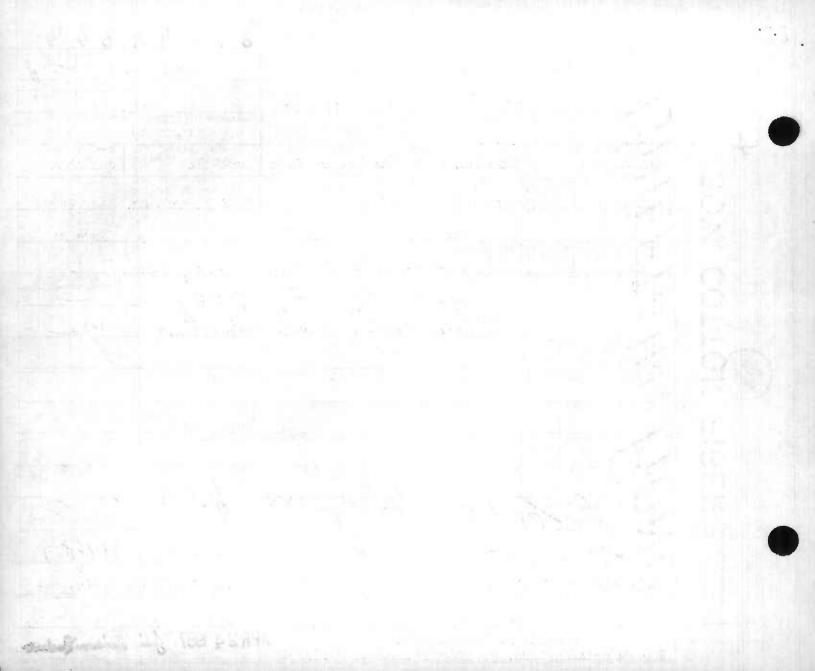
A Albandaria

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Francis J. Collinsons Jr.

500 University Blvd. W. Silver Spring. Md. 20901

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR LAYTONSVILLE, MD. 20879 MURIEL H. BARBER

23h DATE

The BURIAL CREMATION REMOVAL

BURIAL

75e DATE REC'D BY REGISTRARI75E REGISTRAR'S SIGNATURE Dander Pondall

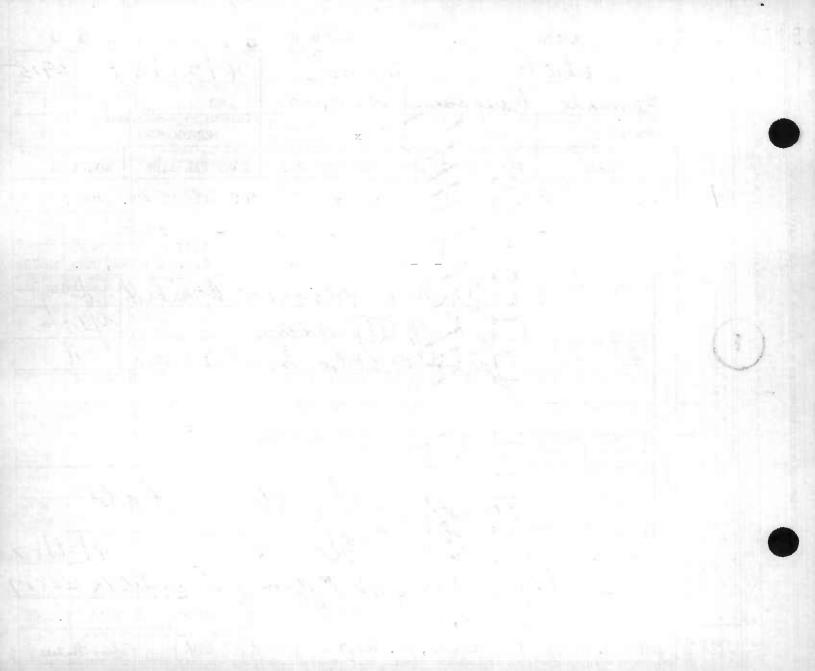
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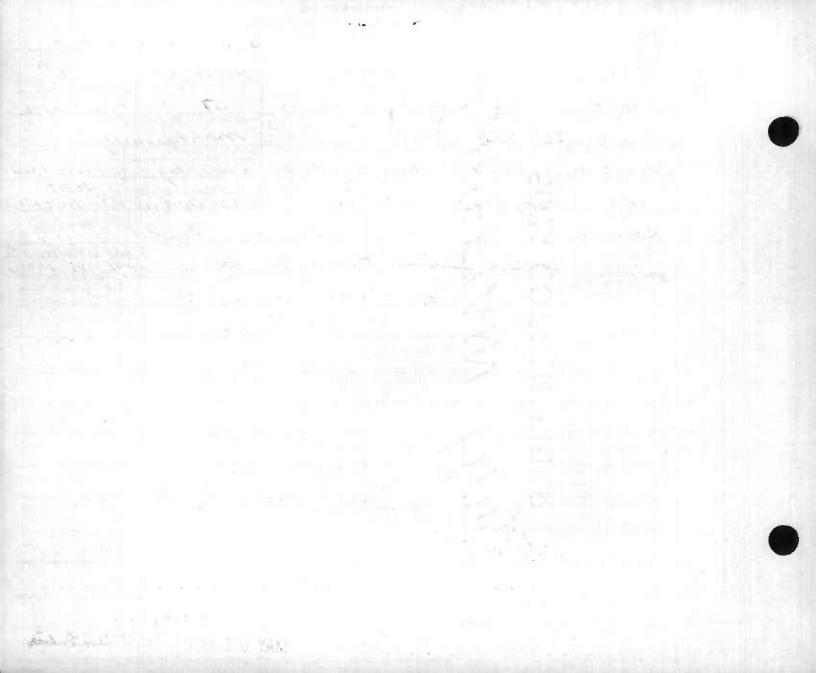
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|----------------------------------|---------------|---------------|---|--------------|-----------------------------|---------------------------------------|------------|------------------------------|-----------------|---------------------|--------------|---|----------------------------------|--|
| •                                |               | 1             | FOR   |              |                             | DEPARTA                               | AENT OF H  | EALTH AND MENTAL HY          | GIENE           |                     |              | 44  |                                  |  |
|                                  |               | 1 -           | STATE<br>REGISTRAR  |              |                             |                                       | CERTIF     | ICATE OF DEATH               | 8 /             | REG. NO             | 1 6          | 5   | al                               |  |
|                                  |               | I. DE         | CEASED NAME   | FIRST        |                             | MIDDLE                                | t          | AST                          | 20. DATE OF D   |                     | H DAY        | YEAR                                      | 2b. HOUR                         |  |
| 1404                             |               | TIMPE         | OR PRINT)   | T.J., ~      |                             | 11                                    | т.         |                              |                 | 4                   | 7            | CT  |                                  |  |
| 104                              | APR L         | 0             |   | Edna         |                             | М.                                    |            | lwards                       | 1.105           | -                   | -            | 81  | 2 AM                             |  |
| 1 19                             | 177,011 - 2   | 3. SE         |   |              | 4. RACE                     |                                       | S. DATE C  | OAY YEAR                     | 6. AGE (IN YEA  | RS LAST BIRTHDAY)   | MONT         | HS DAYS                                   | IF UNDER 24 HRS                  |  |
| Bedie A                          | 20            |               | female  | 26.7         | Caucasi                     | an                                    | Feb.       | 1 1903                       | 84              |                     | YRS.         |   |                                  |  |
| 8 40                             | 10            | 7a. BI        | RTHPLACE (STATE ORF   | OREIGN       | 76 CITIZEN OF               | WHAT COUNTRY?                         | 8.         | D                            | 9. BALTIMOR     | E CITY OR CO        |              | DEATH                                     |                                  |  |
| 4 . 52                           | Bos           | M             | issouri   | -7           | u.s.                        | Δ                                     | WIDOWE     | D NEVER MARRIED DIVORCED     |                 |                     |              |   |                                  |  |
| \$1000                           | 125           |               | TY OR TOWN OF DEA   | TH           |                             |                                       |            | OR OTHER INSTITUTION         | 12a USUAL O     |                     |              | ar KIND                                   | MD.                              |  |
| 11413                            | 1             | 1             |   |              | DE NOT IN SUC               | HEACILITY, GIVE STREET                | ADDRESS)   | OTTIER INSTITUTION           | LTYPE OF WORK F | OR MOST OF WOR      | KING LIFE)   | do guya                                   | FBUSINESS OR                     |  |
| - 6                              | Cel           |               | heaton  | 1            |                             | Joliet St                             |            |                              | Clerk           |                     | . L          | othro                                     | p                                |  |
| 2 = 30                           | 200           |               | AL RESIDENCE (# NURS  | 136 COUN     |                             | GIVE RESIDENCE BEFORE                 |            | 13d. INSIDE CITY LIMITS?     | 112 STREET AT   | DDRESS / ZIP        | CODE         |   |                                  |  |
| 문 불림                             | 120           |               |   |              |                             | es Brentu                             | ood        | YES NO                       | 4310 4          | 10th St             | root         |   | 20722                            |  |
| 4                                | 100           | _             | THER'S NAME   | , , , , , ,  | 0 00 05                     | po o contan                           |            | 15. MOTHER'S MAIDEN NA       |                 | TOTOL COL           |              |   | 20722                            |  |
| 1 17                             | 1.61          |               | T's minds D :   |              | MIDDLE                      | LAST<br>LE COD.                       |            | FIRST                        | ,               | MIDDLE              |              | LL DAS                                    | 3                                |  |
| 1 17                             | 1900          |               | Franklin  |              | D.                          | Mills                                 |            | Jenny                        |                 | ).                  |              | Mall                                      |                                  |  |
| 9 315                            | 300           |               | VAS DECEASED EVER   |              | MED FORCES?                 | 166 SOCIAL SECU                       |            | 17 INFORMANT daug            |                 | ADDRES39            |              |   |                                  |  |
| a 8 0                            | 11/           | and the       | no  |              |                             | 217-12-5                              | 801        | Doris A. Ri                  | chey            | Wheato.             | n. Md        | . 20                                      | 1906                             |  |
| te b                             | - (£          |               | 18 CAUSE OF DEATH   | H (Enter on  | ly one cause ner            | line to (a) (b) and                   | die        |                              |                 |                     | T            | APPROX                                    | MATE INTERVAL<br>ONSET AND DEATH |  |
| fico                             | ent,          |               | 18 CAUSE OF DEATH<br>PART I. DEATH W  |              |                             |                                       |            |                              |                 |                     |              | 3 weeks                                   |                                  |  |
| ert.                             | re-           |               |   | IMMEDIAT     | E CAUSE (o)                 | 10001                                 | 111        | surol                        |                 |                     |              | 30  | 16667                            |  |
| th ndir                          | o, or         |               |   |              | DUE TO, O                   | R AS A CONSEQUE                       | NCE OF     |                              |                 |                     | 17-          |   |                                  |  |
| deo                              | hou           |               | Conditions, if ony,   |              | ( Ib)_                      |                                       |            |                              |                 |                     |              |   |                                  |  |
| e pe                             | e t           |               | gove rise to imm<br>couse (o), statin   |              | DUETO                       | R AS A CONSEQUE                       | NCE OF     |                              |                 |                     |              |   |                                  |  |
| by t                             | othe          | -             | underlying cause  |              | 100210,0                    | R AS A CONSEQUE                       | INCE OF    |                              |                 |                     |              |   |                                  |  |
| ed in                            | or            | . 1           | PART 2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 |              |                             |                                       |            |                              |                 |                     |              |   |                                  |  |
| uire<br>sign                     | o pro         | z             | THE POPULATION CONTINUES TO BOATS BUT NOT KENNIED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART 110              |              |                             |                                       |            |                              |                 |                     |              |   | 3                                |  |
| en de                            | or the        | 온             | Q   | orna         | THE CO                      | stery                                 | Idu        | earl                         |                 |                     |              |   |                                  |  |
| NO GE                            | 0 0           | S             | 190 DATE OF OPERAT  | ION          | 196. COND                   | ITION FOR WHICH                       | OPERATIO   | N WAS PERFORMED              | 20a AUTOP       | SY? 206.            | IF YES, WE   | WERE FINDINGS USED<br>NG CAUSES OF DEATH? |                                  |  |
| he lo                            | ene ene       | HE I          |   |              |                             |                                       |            |                              | YES 🗌           | KON                 | YES [        | )   | NO 🗍                             |  |
| V sick                           | 1 × 8         | CERTIFICATION | 21a. ACCIDENT WAS UND   | ERLYING _    |                             |                                       |            | 21c HOW INJURY OCCUR         | RED (ENTERNATE  | IRE OF INJURY IN IT | EM 18 PART I | OR PART ?)                                |                                  |  |
| phy<br>phy<br>tific              | lo E          |               | OR CONTRIBUTING   |              |                             |                                       |            | F-12/2-12-1                  |                 |                     |              |   |                                  |  |
| SIC                              | Ten Ten       | 5             | (IF EITHER NOTIFY MEDIC   |              |                             |                                       | 19         | 21f. LOCATION                |                 |                     |              |   |                                  |  |
| PH)<br>end<br>this               | 400           | MEDICAL       | 21d INJURY OCCURE   |              | 21e. PLACE<br>(AT HOME, STE | OF INJURY<br>REET, FACTORY, OFFICE, F | ARM, ETC.) | STREET                       |                 | CITY OR TOWN        |              | COUNTY                                    | STATE                            |  |
| of ter                           | hor           | 1             | AT WORK NOT WH  | RK RK        |                             |                                       |            |                              |                 | 4                   |              |   |                                  |  |
| O A                              | m m           |               | 220.1 certify that (1)  | (this haspit | (al) offended th            | deceased from_                        | 3          | 9 198                        | , to            | 411                 | . 19_{       | 21  | that (I) (we) last               |  |
| TEN<br>Intol                     | 21 is         |               | saw the decease<br>abave, (I) (week   | d olive on   | 1                           | 19.5                                  | , or       | nd that in (my) (av) apinian | death occurred  | an the date ar      | nd haur and  | d from the                                | causes stated                    |  |
| AT AT SEC.                       | E             | 200           | 22b. SIGNATURE  | id) (did no  | ti view the body            | after death.                          |            | DEGREE                       |                 |                     |              | 22 DATE                                   | SIGNED                           |  |
| OR he h                          | Deg<br>F he   |               |   | 0            |                             | 1                                     | -          | ATTENDING                    | MEDICAL_        | STAFF               |              | 1   | 177                              |  |
| TAL<br>y th<br>XAL<br>det        | State ANT:    |               | 90  | 20.5         | - 5                         | 2)01                                  |            | PHYSICIAN                    |                 | PHYSICIAN           |              | 77  | 15                               |  |
| HOSPITAL<br>ined by t<br>FUNERAL | TAI TAI       |               | 22d. PHYSICIAN'S NA   | AME (TYPE O  | RPSHITT                     |                                       |            | 22e ADDRESS                  |                 |                     |              | 0   | 5                                |  |
| O HOS<br>etoined<br>TO FUN       | with the Stat |               | COMEST  | 11007        | 17                          | JEFB, L                               | 5          | 7500 H                       | SUCCIA          | 572 (V              | VILL         | 1 8                                       | 10 oulsold                       |  |
| 5 g 5 g                          | 3 ₹           | 23a F         | URIAL, CREMATION.   |              | 23b. DATE                   |                                       |            | EMETERY OR CREMATORY         | 23d LOCAT       | ION                 | -            | + 4                                       |                                  |  |
| 0.0                              |               |               | SPECIFYI  |              |                             |                                       |            |                              | CITY O          | RTOWN               |              | UNIY                                      | STATE                            |  |
| BP                               |               | -             | Burial  |              |                             |                                       |            | icoln Cemeter                |                 | vood Pr             |              |   |                                  |  |
| DHMH - 16 6                      | OM 7/B4       | 24. FI        | JNERAL DIRECTOR   | Fra          | ncis J.                     | Collins,                              | Jr.        | 250. DA                      | TE REC'D. BY RE |                     |              |   |                                  |  |
| (VRA 15                          | , 4)          | 50            | O Univ. Bl  |              |                             | r Spring.                             |            | 20901 AF                     | 11 14 18        | 187                 | n. Name      | - K                                       | matality.                        |  |
|                                  |               |               |   |              | -1                          |                                       |            |                              |                 |                     |              |   |                                  |  |

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|     | 10                                   | 500   |                               |                           |  |             | E OF MARYLAND<br>EALTH AND MENTAL HYG  |  |                |                   |  |  |
|-----|--------------------------------------|---|-------------------------------|---------------------------|--|-------------|--|--|----------------|-------------------|--|--|
|     | 1 -                                  | FOR<br>STATE  | 6.8                           | 5                         |  |             |  |  |                |                   |  |  |
| APR | 1 DEC                                | REGISTRAR<br>CEASED NAME  | FIRST                         | A                         | NIDDLE   |             | AST DEATH                              | REG. N   | MONTH          | DAY YEAR          | 2h HOUR  |  |
|     | (TYPE                                | OR PRINT)   | RODERIC                       | CK YE                     | RKES   | EDWA        | RDS                                    | APRIL 3 1  | 987            |                   | 3:29 P   |  |
|     | 3 SEX                                | (   |                               | 4 RACE                    |  | 5. DATE C   | OF BIRTH                               | 6 AGE (IN YEARS LAST BIR                                       | RTHDAY)        | IF UNDER 1 YEAR   | IF UNDER 24 HRS                                    |  |
|     | 1                                    | MALE  |                               | CAUCAS                    | IAN  | SEPT        | EMBER 20 1909                          | 7,7  | YRS.           | MONTHS DAYS       | HOURS MIN.   |  |
| 20  | (                                    | RTHPLACE (STAT  |                               | 76. CITIZEN OF            | WHAT COUNTRY?  | 8<br>MARRIE | NEVER MARRIED                          | 9 BALTIMORE CITY C   |                | Y OF DEATH        | No.  |  |
| 2   | Name and Address of the Owner, where | NNSYLVAN  |                               |                           | STATES   | WIDOWE      | DIVORCED DIVORCED DR OTHER INSTITUTION | MONTGOMER  |                | 121 1/10/0        | MD.  |  |
| 1   | BE                                   | THESDA  |                               | NAVAL H                   | OSPITAL  | ADDRESS)    | OK OTHER INSTITUTION                   | RETIRED  |                |                   | 126. KIND OF BUSINESS OR<br>INDUSTRY<br>CONSULTANT |  |
| 1   | 30. S                                | AL RESIDENCE (# STATE  RGINTA   | USE COUN                      | OTHER INSTITUTION,        | GIVE RESIDENCE BEFORE<br>134. CITY OR TOWI<br>ALEXANDR | N           | 13d. INSIDE CITY LIMITS?               | 13e STREET ADDRESS<br>205 YOKUM                                |                | -                 | 94999  |  |
| -1  | -                                    | THER'S NAME   |                               |                           |  | 121         | 15. MOTHER'S MAIDEN NA                 | ME   | FARRWA         |                   | 122  |  |
| CV. | 1                                    | DAVID   | WILL                          | IAM                       | EDWARDS  |             | ELIZABETH                              | MIDDLE   |                | YERKES            |  |  |
| 2   |                                      | VAS DECEASED E  |                               |                           | 166 SOCIAL SECU  | RITY NO.    | 17. INFORMANT<br>RITA T. EDW           | ADDR   |                | PARKWAY           |  |  |
| 2   | Y                                    | ES  | 1943                          | -1971 TES)                | 140-16-0   | 782         | ALEXANDRIA                             |  | TORUFI         |                   |  |  |
|     |                                      | IN CAUSE OF D   | EATH (Enter on<br>H WAS CAUSE | n av.                     | line far (a), (b), and                                 |             | PATTURE                                |  |                | BETWEEN           | MATE INTERVAL<br>ONSET AND DEATH                   |  |
|     |                                      | No.   | IMMEDIA1                      | E CAOSE (O)               | CHRONIC I  |             | FAILURE                                |  |                |                   |  |  |
|     |                                      | Conditions, if  | any, which                    |                           | CORONARY   |             | RY DISEASE                             |  |                |                   |  |  |
|     |                                      | gove rise ta<br>cause (o), s  | immediate                     | DUE TO, OF                |  |             |  |  |                |                   |  |  |
|     |                                      | underlying c  | ause lost                     | (c)                       |  |             |  |  |                |                   |  |  |
|     | NO                                   | PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trail |                               |                           |  |             |  |  |                |                   |  |  |
| T   | CERTIFICATION                        | 198 DATE OF OP  | ERATION                       | 196 CONDI                 | TION FOR WHICH   | OPERATIO    | N WAS PERFORMED                        | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |                |                   |  |  |
| L   | RTIF                                 |   |                               |                           |  |             |  | YES X NO   | Y              | ESX               | NO 🗌   |  |
| 1   |                                      | 21a. ACCIDENT WA  |                               | THE OHOUR A.              | M. MONTH DA  | Y YEAR      | 21c HOW INJURY OCCURE                  | RED (ENTER NATURE OF INJU                                      | JRY IN ITEM 18 | PART I OR PART 2) |  |  |
|     | MEDICAL                              | (IF EITHER, NOTIFY<br>21d. INJURY OC  | MEDICAL EXAMINER              | 21e PLACE (               |  | 19          | 21f LOCATION                           |  |                |                   |  |  |
|     | ME                                   | WHILE AT WORK   | OT WHILE                      | (AT HOME STR              | EET, FACTORY, OFFICE, FA                               | RM ETC )    | STREET                                 | CITY OR TO   | )WN            | COUNTY            | STATE  |  |
|     | 18                                   | 22a I certify the   | at (1) (this hospi            | tal) oftended the         | deceased from  | FEBRU       | ARY 19 , 19 87                         | to APRIL 3   | }              | 19_87             | that (I) (we) last                                 |  |
|     | 8                                    | abave, (I) (v   |                               | APRIL<br>t) view the bady |  |             | nd that in (my) (our) apinian          | death occurred on the d  | ate and hou    |                   |  |  |
|     |                                      | 22b. SIGNATURE  |                               | e Tac                     |  |             | DEGREE  ATTENDING PHYSICIAN F          | MEDICAL STA  | FF             | 22c. DATE         |  |  |
| 7   | 1                                    | 228 PHYSICIAN   | S NAME (TYPE C                | R PRINT)                  |  | /           | PHYSICIAN [<br>270 ADDRESS NAVAL       | HOSPITAL   | CIANX          | 6/4/              | vil 87   |  |
| /   |                                      | EDWARD  | P. FOX                        | , LT, MC                  | , USNR   |             |  | SDA, MD 208  | 14-50          | 11                |  |  |
| 1   | 230 B                                | LIBIAL CREATA   | ON PENOVAL                    |                           |  | IAME OF C   | EMETERY OR CREMATORY                   | 23d. LOCATION<br>CITY OR TOWN                                  |                | COUNTY            | STATE  |  |
|     | ,                                    | Buria.  | 1                             | 4-8-87                    | Ar1  | ingto       | n Natl. Cemet                          | ety Arling   | gton, V        | la.               | JIAIL  |  |

NH - 16 60M 7/84 (VRA 15, 4)

Everly-Wheatley ADDRESS 74 FUNERAL DIRECTOR Everly-Wheatley ADDRESS 1500 W. Braddock Rd.Alexandria, Va.

ry Arlington, Va. Arlington Natl. Cemetery 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
APR - 9 1987

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Carlotterated and Mark Carlotterates and an arrangement of the second

The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 29 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 07 J. SEX 4 RACE IF UNDER I YEAR DATE OF AGE LIN YEARS LAST BIRTHDAY! IF UNDER 24 HRS Caucasian MONTH Ta. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maine USA Montgomery WIDOWED DIVORCED [ O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
HOLY Cross Hospital Data Processor Silver Spring USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Massachusetts Bristol 13c City OR TOWN New Bedford 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Willow Street 02740 M FATHER'S NAME 15. MOTHER'S MAIDEN NAME William B. MIDDLE Joanne Esancy B. Chaples 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) NA AVE WAR OR OATES) same address as #13 019 52 3536 Jayne M. Esancy APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line foo (d), (b), out PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, DR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STATE NOT WHILE WHILE 22a 1 certify that (1) This hospital) attended the descosed from sow the deceased alive on obove, (I) we) (did (did not) view the boundaries and that in (my (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DAITE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN とつかつ 274 PHYSICIAN'S NAME (TYPE OF PRINT) 103/3 Georgia Ave Silver Spring HD 20902 Dr. Samue 23a. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OF CREMATORY Cushing Cemetery 23d LOCATION CITY d Martapoisettuy massachusetts 13,198 Burial 24 FUNERAL DIRECTORVES-Pearson Funeral Homes 250 DATE REC'D. BY REGISTRAR 350. REGISTBAR S SIGN UR DHMH - 16 6M 7/84 (VRA 15, 4) Arlington, Va. 22201

APR 14 4887 City Steam Selection

|  |               |  |  | STATE OF MARTLAND                                    |  |   |
|--|---------------|--|--|--|--|---|
|  | 1.            | FOR<br>STATE   | DEPART   | MENT OF HEALTH AND MENTAL HY                         | GIENE  | 4 0 2   |
| E 1 202 100  |               | REGISTRAR  |  | CERTIFICATE OF DEATH                                 | 8 REG. NO.   | 0 0 0   |
| 3 8 3 APR  | HYP           | CEASED NAME GEORGE   | e Gregg  | EVERNGAM   | 20. DATE OF DEATH MONTH                                  | 7 87 955 M                                    |
| E  | 3. SE         | X 14   | 1. RACE AUC.   | 5. DATE OF BIRTH                                     | 6. AGE (IN YEARS LAST BIRTHDAY)                          | IF UNDER TYEAR IF UNDER 24 HRS                |
| age 4  |               | MALE   | CAUC.  | 03 03 17   | 70 YRS   |   |
| merol di<br>fontale  | 10            | IRTHPLACE (STATE OR FOREIGN COUNTRY)  ALIFORNIA                | 76. CITIZEN OF WHAT COUNTRY?   | MARRIED NEVER MARRIED WIDOWED DIVORCED               | Montgomery   | Y OF DEATH  MD.                               |
| of the formal of | 51            | LYCK SPUNG   | 11. NAME OF HOSPITAL, NURSING  | ADDRESS WORLD BLVD.                                  | 120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING L | 126 KIND OF BUSINESS OR                       |
| 24 hours   | 13a.          | AL RESIDENCE (IF NURSING HOME OF                               | VIX 13 GITY OR TOV   | PADMISSION) 13d. INSIDE CITY LIMITS?                 | 13. STREET ADDRESS / ZIP COD                             | 5 WORLD BLVD                                  |
| 9 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /  | _             | ARYLAND   NON  |  | 15 MOTHER'S MAIDEN NA                                | 1506 5. 6230C  | L vocats they.                                |
| y be land  |               | KIRWIN F   | OSTER EVERNE   |  |  | Beetem  |
| ING PHYSICIAN: The Ignerican that the death certificate be executed within 24 hours of steading physician and completely filted in by so it he buriol-trong beautificate that the certificate has been greater than the think that and physician and completely filted in by as the buriol-trong beautificate has been greater than death completely filted in by as the buriol-trong beautificate that the medical experiments are filted.  | 16a. \        | VAS DECEASED EVER IN U.S. AF<br>YES NO OR UNKNOWN) (IF YES, GI | MED FORCES? 166. SOCIAL SECTION (169) 169-12-  | 17 INFORMANT (                                       | Carolyn W.DEverns  | gam<br>12012 (13e)                            |
| hysician<br>popers.<br>coval.  |               | 18 CAUSE OF DEATH (Enter of                                    | nly one couse per line for (o), (b), or  | ad (c) )   |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| ST., I   |               | PART I. DEATH WAS CAUSE<br>IMMEDIA                             | TE CAUSE (0) ADENO CA  | sewoma of 17th                                       | 2 COLON  |   |
| o the contract of the contract |               |  | DUE TO, OR AS A CONSEQU  | ENCE OF  |  |   |
|  |               | Conditions, if ony, which gove rise to immediate               | (b)  |  |  |   |
|  |               | couse (a), stating the underlying couse lost.                  | DUE TO, OR AS A CONSEQU  | ENCE OF  |  |   |
| 20 1 10  |               | PART 2 OTHER SIGNIFICANT                                       | CONDITIONS CONTRIBUTING TO   | DEATH BUT NOT RELATED TO THE TERM                    | MINAL DISEASE OR CONDITION GI                            | VEN IN PART I I O                             |
| The state of the s | <u>N</u>      |  | Tour terms of the second   |  |  |   |
| a distance of the second   | CERTIFICATION | 198 DATE OF OPERATION  | 196. CONDITION FOR WHICH   | OPERATION WAS PERFORMED                              |  | S, WERE FINDINGS USED IFYING CAUSES OF DEATH? |
| C C C C C C C C C C C C C C C C C C C  | ERT           | 21a ACCIDENT WAS UNDERLYING                                    | 21s TIME OF INJURY   | 214 HOW IN HIRY OCCUR                                | YES NO Y   | ES NO   |
| PHYSICIAN: ending phys this certifico te buriol-tran id Mental BH dor Ifem 18  | R .           | OR CONTRIBUTING CAUSE OF DE                                    | ATH HOUR A.M. MONTH D  | AY YEAR  | (ENTER NATURE OF INJURY IN HEM TO                        | PART I OR PART 2)                             |
| HYSICIA<br>ding p<br>ding p<br>ding p<br>ding p<br>Mentol  | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINE                              | ZIE PLACE OF BUJURY  | 20 LOCATION  |  | 2000  |
| DING PHY<br>or offerthis<br>After this<br>e os the bu<br>oith and M  | M             | WHILE NOT WHILE  | (AT HOME STREET FACTORY OFFICE   | NAME (1) 1)  | ENV DATOWN   | COUNTY STATE                                  |
| ENDIN<br>tol or<br>DR: Aft   |               | 22a. I certify tha (1) Whis hosp                               | ital) attended the deceased turn   | 10 80  | 10 4/1/  | 19 6 (1) (we) lost                            |
| F = 205 0  |               | saw therefored alive a<br>above (1) we said (did no            | gi fred M body after reath.  | and that in (my) (our) opinion                       | deoth occurred on the date and ho                        | ur and from the couses stated                 |
| OR he h  |               | 22b. SIGNANORE   |  | DEGREE<br>ATTENDING<br>PHYSICIAN                     | MEDICAL STAFF  | 221. DATE SIGNED                              |
| HOSPITA<br>ined by<br>Funce de<br>inthe state  |               | 271. PHYSICIAN'S NAME (TYPE                                    | DR/MINITY 0  | 22e ADDRESS  | DIRECTOR PHYSICIAN                                       | 71111   |
| TO HOSPITAL TO FUNERAL Should be det MMPORTANTE  |               | IVIARK H.  | 216/M-D.   | 1980/ 640RG  | 19 AVE SKULE   | sond MD                                       |
| BP   |               | BURIAL, CREMATION, REMOVAL                                     | Control of the Contro | Name of CEMETERY OR CREMATORY<br>tropolitan Cremator |  | COUNTY STATE                                  |
| DHMH - 16 50M 4/83   | 24. FI        | INERAL DIRECTOR  | 800 New Hamp . Ave   | 250. DA  | TE REC'D. BY REGISTRAR 256. REGIS                        |   |
| (VRA 15, 4)  |               | THEST RELIABLED 11   | .oud New Hamp.Ave  | e.S.S.Md.  | PR 20 1987   | Swidson-Kondallo                              |



51206005310 The contract of the contract o The state of the s House I. Levine M.P. 1995 Michael Committee Continued Management

Apt. 1.57 and mave the first Section Victorial Contraction of the Contract of

1800 University Sind. W. Silver Spring, Nd. 2000; MB: 6 1937 Available of

Apr. 27.1987

University Blvd. West, Silver Spring. Md.

Francis J. Collins. Jr.

St. Johns Cemetery

MIDDLE

FOR

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

126 KIND OF BUSINESS OR hömemaker

Locksley Lane

APPROXIMATE INTERVAL

NO F

New York

COUNTY

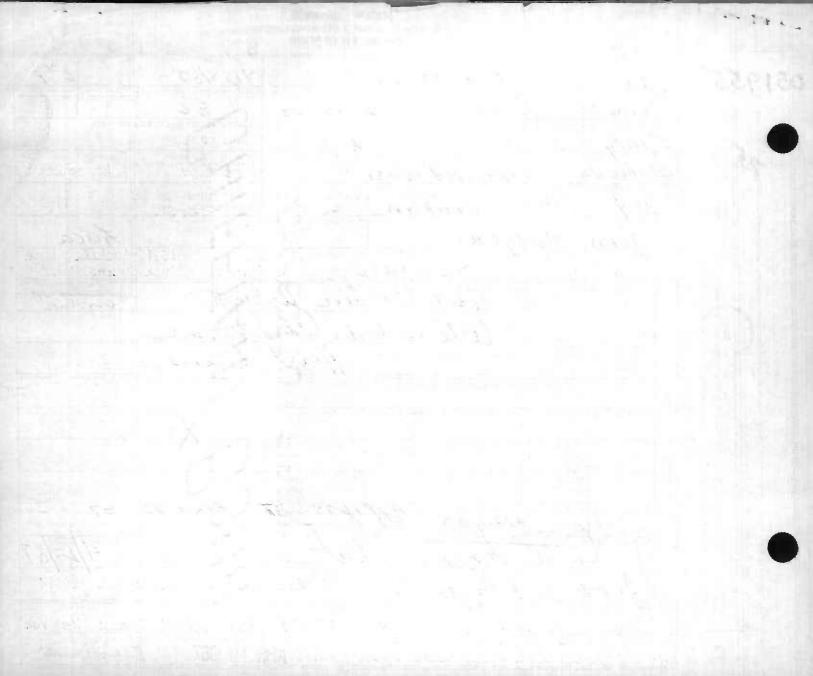
Queens

Long Island

25a. DATE REC'D. BY REGISTRAR

220 DATE SIGNED

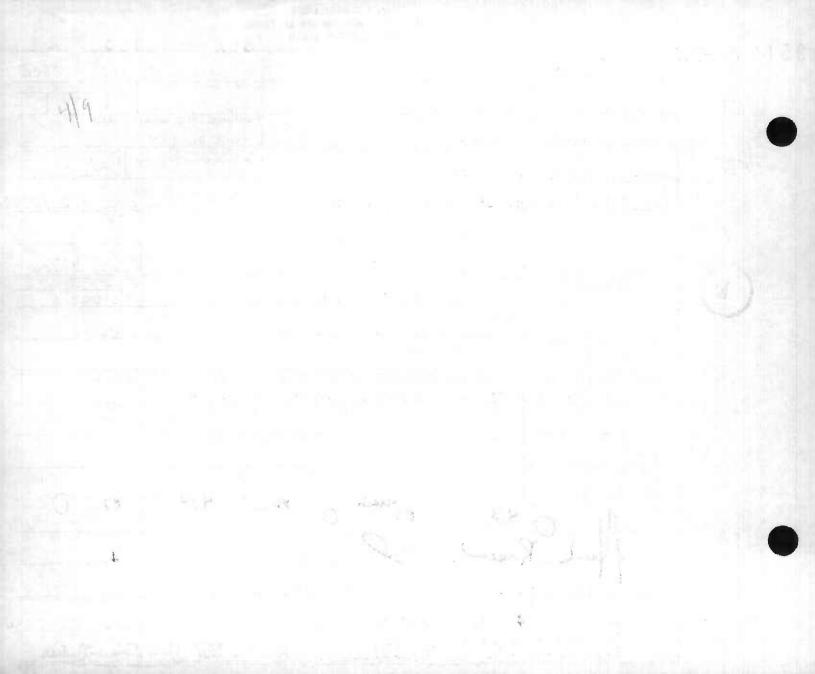
IF UNDER 1 YEAR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN HYPE OR PRINTI OF ESTI-Mary 10 8 200 4. RACE AGE IN YEARS IF UNDER 1 YR. S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 8 16 04 8-34RS DEAD 19 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X Washington, D.C. United States WIDOWED L duner ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK MAKIND OF BUSINESS FOR MOST OF WORKING LIFET OR INDUSTRY 4612 Cheltenham Drive Bethesda Secretary U.S. Govt. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN Montgomery Maryland Bethesda No X | 4612 Cheltenham Drive/20814 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDIE. LAST FIRST Anthony Gualteri Ferro Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) No Mary P. Urciolo, Same as # 13. 577-10-1854R 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY arrest IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF arteriosclorogic Canditions, if any, which arono gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE STABLE THOUSE, MARYLAND, 2 220. I certify that I took charge of the remains described obove, held an Inspection and in my opinion death resulted fram Homicide Undetermined monner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME 41.2467216 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Suitland Maryland Cedar Hill Cemetery Apr. 14, 1987 07/84 25M Bethesda Maryland 20814

FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/Bethesda Maryland 20814 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** dia Devideon Pandage (VR A15 ME (5))

STATE OF MARYLAND



11800 N.H. Ave..

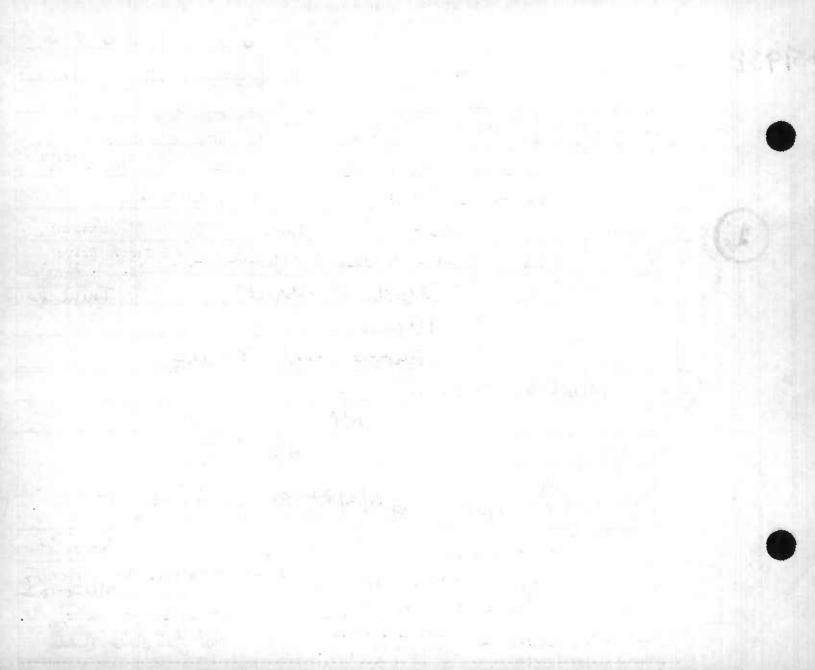
Silver Spring, Md.

24 FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home

DHMH - 16 60M 7/84

(VRA 15, 4)



| 49898 APR-   | FOR STATE  |   | DEPARTM                                 | ENT OF HE            | ALTH AND M             | ENTAL HYG   | ENE                                  |                                |                            |
|--|--|---|---|----------------------|------------------------|-------------|--------------------------------------|--------------------------------|----------------------------|
|  | REGISTRAR  1. DECEASED NAME  | FIRST   | WIDDLE                                  | CERTIFIC             | ATE OF DE              | AIH         | REG. NO.                             | DAY YEAR                       | 26 HOUR                    |
| 5 e e e e e e e e e e e e e e e e e e e  | LEVAL OF SEC   | 427   | 4.                                      | FI                   | MMEY                   |             | 416187                               | DAT TEAR                       | 7 P                        |
|  | 3. SEX   | 4. RACE   | With the                                | 5. DATE OF           | .,                     | YEAR        | 6. AGE (IN YEARS LAST BIRTHDAY)      | IF UNDER I YEAR                | IF UNDER 24 HRS HOURS MIN. |
| ge 4<br>urs af   | 18   | 63  |   | MONTH                | 26                     | 05          | 82 YRS                               |                                | HOURS MIN.                 |
| th. Po   | To. BIRTHPLACE (STATE OF   |   | WHAT COUNTRY?                           |                      | □ NEVER MA             |             | Montgomony                           | TY OF DEATH                    |                            |
| deo deo  | Virginia  10. City or town of de                                       |   | States<br>HOSPITAL, NURSIN              | WIDOWED<br>G HOME OR | 40                     | DRCED       | Montgomery  120 USUAL OCCUPATION     | 126 KIND O                     | MD. F BUSINESS OR          |
| by the   | Silver Sprin   | 9004 L  | chfacility, give street a<br>Duis Aveni | Je                   |                        |             | Postal Carrier                       | LIFE) INDUSTRY                 | Governmen                  |
| ND 21201   | USUAL RESIDENCE HENDI<br>130. STATE<br>Maryland                        | 136 COUNTY Montgomery                                   | 13c CITY OR TOWN                        |                      | 3d. INSIDE CIT         | Y LIMITS?   | 136 STREET ADDRESS / ZIP CO          | DE/20910                       |                            |
| 1 1 1 1 1  | 14 FATHER'S NAME   | Thorrogomery  | LAST                                    |                      | 5. MOTHER'S            | MAIDEN NAM  | NE .                                 |                                |                            |
| W SELECTION  | Robert   | Louis Finn  |   |                      | Nannië                 | Dunge       |                                      | LAST                           |                            |
| BALTIMORE,<br>ote be med<br>ysicidiff and type<br>out.   | (YES, NO OR UNKNOWN)   | (IF YES, GIVE WAR OR DATES)                             | 166 SOCIAL SECUI                        |                      | 7. INFORMAN            |             | ADDRESS<br>ISON/9004 Louis           | Avo Si                         | Md.                        |
| WILL A STATE OF THE STATE OF TH | No   | TH (Enter anly ane cause pe                             | 231-22-3                                |                      | Rober Co               | ALKII       | 15011/ 9004 LOUIS                    |                                | MATE INTERVAL              |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending plass the burial-transit permit. Then please remove carbon than demand litygene prior to burial, cremation, or removed at them, 8 shows any injury, ar other traumatic events.   |  | /, which (b) (b) (mediate name of the last. (c) (c) (c) | OR AS A CONSEQUE                        | NCE OF               | OT RELATED T           | O THE TERMI | OF PROSTERS                          | , 2                            |                            |
| AI RECO  | 19a DATE OF OPERA  | ATION 198 COND  | II ION FOR WHICH                        | OPERATION            | WAS PERFOR             | MED         | IN CER                               | TIFYING CAUSES                 |                            |
| N OF VITAL  SICIAN: The ng physician certificate hirial-tronsit pental Hygier litera 18 show   | OR CONTRIBUTING  | CAUSE OF DEATH HOUR A                                   | DF INJURY<br>.M. MONTH DA<br>.M.        | Y YEAR               | 21c HOW INJU           | JRY OCCURR  | ED (ENTER NATURE OF INJURY IN ITEM I | B PART I OR PART 2)            |                            |
| DIVISION ING PHYS re attentis cas the bur ith and Me   | (IF EITHER, NOT IFY MEE  21d, INJURY OCCUP  WHILE NOT WAT WORK AT WORK | HILE AT HOME, ST  | OF INJURY<br>REET, FACTORY, OFFICE, FA  | (RM, ETC.)           | 211 LOCATION<br>STREET | 1           | CITY OR TOWN                         | COUNTY                         | STATE                      |
| TTENDIN<br>Dital or<br>TOR: Af<br>for use of<br>Af Health  |  | ) (this hospital) attended the                          |   | ) , ond              | that in (my) (c        | , 19        | eath occurred on the date and h      | , 19 , t<br>aur and fram the c | that (I) (we) last         |
| TO HOSPITAL OR A retained by the hos TO FUNERAL DIRECTOR Should be detached with the State Dept.   | 22d PHYSICIAN'S N  | JAME THIS CHITCHI)                                      | Ch.                                     | (D.)                 | TA ADDDESS             |             | MEDICAL STAFF DIRECTOR PHYSICIAN     | 22c. DATE 5                    | (8)                        |
| 0 g 0 g t d  |  | AR H. LE  | MIM                                     |                      | 988                    | 3169        | forace HJg                           | · 5.132                        | (SPR 145                   |
| BP   | 230 BURIAL, CREMATION (SPECIFY) Removal                                | 4/8/8   | 7                                       |                      | METERY OR CR           | EMATORY     | Hampton, Virg                        | inia                           | STATE                      |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  |  | McGuire Fune<br>Georgia Ave.                            |   |                      | . 20012                |             | R 8 1987                             |                                | Pon dage                   |

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STATE OF MARYLAND

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|  |               |   |                                 |                             | STAT       | E OF MARYLAND                  | Ch 44                           |                   |                 |                                  |  |
|--|---------------|---|---------------------------------|-----------------------------|------------|--------------------------------|---------------------------------|-------------------|-----------------|----------------------------------|--|
| 151581 APR   | ey.           | FOR<br>STATE  |                                 | DEPART                      |            | EALTH AND MENTAL HYG           | IENE KATZ                       | E 4 . !           | RARVEY          |                                  |  |
|  | 1.05          | REGISTRAR   |                                 | MIDDLE                      | CERTII     | ICATE OF DEALIE A 5            | REG. N                          |                   | 646             | 1                                |  |
| . w.t  |               | CEASED NAME FIRST   |                                 | James                       |            | A 1                            | 20/DAW OF DEATH                 | MONTH             | 250             | 26, HOUR                         |  |
| oy be<br>oge 3<br>deoth  | 3 SE          | ROB.  | L RACE                          | James                       | -LA        | NAGAN                          | 4.405                           | 4 1               | IF UNDER 1 YEAR | IF UNDER 24 HRS                  |  |
| or. p  | 3 SE          | Male  | Cauca                           | cian                        | 5. DATE (  | DAY YEAR                       | 6 AGE   IN YEARS LAST BI        | (HDAY)            | ONTHS DAYS      | HOURS MIN.                       |  |
| ect  | /             |   |                                 |                             |            | mber 29, 1926                  | 60                              | YRS               |                 |                                  |  |
| 4 35 A   |               | RTHPLACE   STATE OR FOREIGN   | 11 C A                          | WHAT COUNTRY?               |            | D NEVER MARRIED                | 9 BALTIMORE CITY O<br>Montgomer |                   |                 |                                  |  |
| e de la composition della comp | 10 0          | Massachusetts   | 6                               |                             | WIDOW      | DR OTHER INSTITUTION           | 120 USUAL OCCUPAT               | -                 |                 | MD.                              |  |
| 1 12 47/   |               | Takoma Park   | Washing                         | JOH FACILITY, GIVE STREET   | ADDRESS)   | t Hospital                     | TYPE OF WORK FOR MOST           |                   |                 | F BUSINESS OR                    |  |
| 100  | - 2           |   |                                 |                             |            | t Hospital                     | Plumber                         | -d                | Fernwa          |                                  |  |
| 24 ho  | 13o. S        | AL RESIDENCE LIF NURSING HON  | _                               |                             | -          | 13d. INSIDE CITY LIMITS?       | 13e STREET ADDRESS              |                   |                 |                                  |  |
| N S  |               | Maryland   P  | .G.                             | IRiverda                    | le         | YES NO D                       | 5809 66th                       | Avenu             | e 2073          | 7                                |  |
| ARY 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | n             | FIRST   | WIDDIE                          | LAST                        |            | FIRST                          | WIDDLE                          |                   | LAST            |                                  |  |
| W Pe 10  | 1             | Patrick VAS DECEASED EVER IN U.S.   | James                           | Flanaga<br>166. SOCIAL SECU |            | Jennie                         | S.                              | ECC               | Cool            | У                                |  |
| AOR GARAGE   | Ye            | YES NO OR UNKNOWN) (IF YES  | GIVE WAR OR DATES               |                             |            | (wire                          |                                 | 6th A             |                 |                                  |  |
| ALTIA  |               | ATILY TRO   | rean                            | 1577-30-9                   |            | Mary J. Flana                  | gan Riverd                      | lale, M           |                 |                                  |  |
| hy po  |               | 18 CAUSE OF DEATH (Enter<br>PART I. DEATH WAS CA  | r anly ane cause pe<br>USED BY: | 7 1                         | A          | at the                         |                                 |                   | 11              | MATE INTERVAL<br>DISET AND DEATH |  |
| dertification of post post post post post post post post   |               | IMMEDIATE CAUSE (0). Corolnal hetastaris (6 days  |                                 |                             |            |                                |                                 |                   |                 |                                  |  |
| TOP oth oth or, or moti  |               | Conditions, if any, which (b) Due TO, OR AS A CONSEQUENCE OF Small Cell Cancer of Night lang (yr, 2 m |                                 |                             |            |                                |                                 |                   |                 |                                  |  |
| e de de movement de  |               | Conditions, if any, which gave rise to immediate  | (b)_                            |                             |            | amed and ar                    | 0.11                            | - 0010 9          | 1               | C, 1000                          |  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rate and applyisation. The low requires that the ottending physician and certificate has been stronged by the ottending physician and certificate has been stronged by the ottending physician and certificate has been stronged to see the order of the please remove corbon part and 2 mind 2 min |               | couse (0), stating the<br>underlying cause last.  | DUE TO, O                       | DR AS A CONSEQU             | ENCE OF    |                                |                                 |                   | 17.30           |                                  |  |
| 201<br>seed by pleo  |               | PART 2 OTHER SIGNIFICAT   | (c)                             | CONTRIBUTING TO             | DE ATH BUT | NOT RELATED TO THE TERM        | NAL DISEASE OD COL              | DITION ON         |                 |                                  |  |
| RDS, 7   | Z             | PART 2 OTHER SIGNIFICAL   | AL COMPILIONS C                 | ONTRIBUTING TO              | DEATH BUT  | NOT RELATED TO THE TERM        | INAL DISEASE OR CON             | DITION GIVE       | N IN PART TO    |                                  |  |
|  | CERTIFICATION | 19a. DATE OF OPERATION  | 19b CONI                        | DITION FOR WHICH            | OPERATIO   | N WAS PERFORMED                | 200 AUTOPSY?                    | 20b. IF YES,      | WERE FINDIN     | GS USED                          |  |
| Per  | Ē             |   |                                 |                             |            |                                | YES NON                         | IN CERTIFY<br>YES | ING CAUSES      | OF DEATH?                        |  |
| VIIA<br>Pysicio<br>Hygin   | CER           | 210. ACCIDENT WAS UNDERLYING  |                                 | OF INJURY                   |            | 21c. HOW INJURY OCCURR         |                                 |                   |                 |                                  |  |
| OF OF DA   |               | OR CONTRIBUTING CAUSE OF  |                                 | A,M. MONTH D.<br>P.M.       | AY YEAR    |                                |                                 |                   |                 |                                  |  |
| HYS<br>his ce<br>burned  | MEDICAL       | 21d. INJURY OCCURRED  | 21e PLACE                       | OF INJURY                   |            | 211 LOCATION<br>STREET         | CHYORIC                         | District Control  | COUNTY          | STATE                            |  |
| IVIS<br>IG P<br>orter<br>s the<br>s the  | \$            | WHILE NOT WHILE AT WORK   | (AT HOME S                      | TREET, FACTORY, OFFICE, I   | FARM ETC ) | STREET                         | CHYORIC                         |                   | COUNT           | SIAIC                            |  |
| A Af   |               | 22a.1 certify that (1) (this hi   | ospital) ottegded t             | he deceosed from_           | P.C        | Musin 19 66                    | _, to                           | 1                 | 987.1           | hat (I) (we) last                |  |
| TTEN<br>prito<br>CTO6<br>for 1<br>21 i   |               | saw the deceased alive<br>above, (I) (we) (did) (did  | not view the bad                | v ofter death.              | 17.0       | nd that in my) (our) opinion o | leath occurred on the d         | ate and have      | and from the c  | auses stated                     |  |
| OR A DIRECTOR A DIRECTOR A DEPT.   |               | 226. SIGNATURE L  | 1.0                             |                             |            | DEGREE                         |                                 |                   | 22c. DATE S     | IGNED                            |  |
|  |               | les   | In your                         | 10                          |            | ATTENDING PHYSICIAN            | MEDICAL STA                     | FF<br>CIAN []     | 1-18-8          | 77                               |  |
| HOSPITAL FUNERAL Wild be detr to the Store   |               | 224. PHYSICIAN'S NAME IT  |                                 |                             |            | 22e ADDRESS                    | Λ.                              |                   |                 |                                  |  |
| TO HOSPITAL TO FUNERAL should be det, with the Store   |               | 191 - Yin Y   | SUNG, H                         | Ò                           |            | 8926 Woody                     | and Rd # 201                    | Clinto            | N. Hal          | 20735                            |  |
| D € 5 # 3 ₹  | 23o E         | BURIAL, CREMATION, REMOV  |                                 |                             |            | EMETERY OR CREMATORY           | 23d LOCATION                    |                   | COUNTY          |                                  |  |
| BP   |               | Crematio  |                                 |                             | etropo     | olitan Cremator                | Alexand                         | dria              | COUNTY          | Virginia                         |  |
| DHMH - 16 60M 7/84   | 24 F          | Trancis Ga sch  | 's Sons                         | Funeral H                   | ome,       | P.A. 250. DATE                 | REC'D. BY REGISTRAR             | 25b. REGISTR      | AR'S SIGNATU    | JRE                              |  |
| (VRA 15, 4)  | 1             | 1739 Baltimore  | Avenue                          | Hyattsvil                   | le. Mo     | 20781 API                      | R 2 4 198/                      | jula De           | raides. Ke      | adall                            |  |

The Manager of the Control of the Co



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME MIDDLE TYPE OF PRINT ATME Fortin 21, 198 3. SEX RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONITH VEAD malo Caucasian 29 1924 May 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Canada Canada Montgomery WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF INDUSTRY EMBASS Y 12a USUAL OCCUPATION CLETE 2015 Hermitage Avenue Silver Spring of Canada 13UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2015 Hermitage Ave Silver Spring NO Maruland Montaomeru 20902 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Herminegilde Bertho Cardinalo Fortin ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) same as #13 Claudette O. Fortin wiho no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV NO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH TIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (the hospital ottended the deceased from saw the deceased alive on above, (I) (we) the body after death. opinian death occurred an the date and have and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING : MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN THAME (TYPE OF PRINT) 22e ADDRESS 8830 Cameron St. Silver Spring. Md. 20910 ason Geiger 23g. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Apr. 25 1987 St. Paul Cometery Aulmon Quebec Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 16 60M 7/B4

University Blvd. W. Silver Spring. Nd. 20901

(VRA 15, 4)

STATE OF MARYLAND

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erse Company St. Tilver Septime, Mr. 20210.

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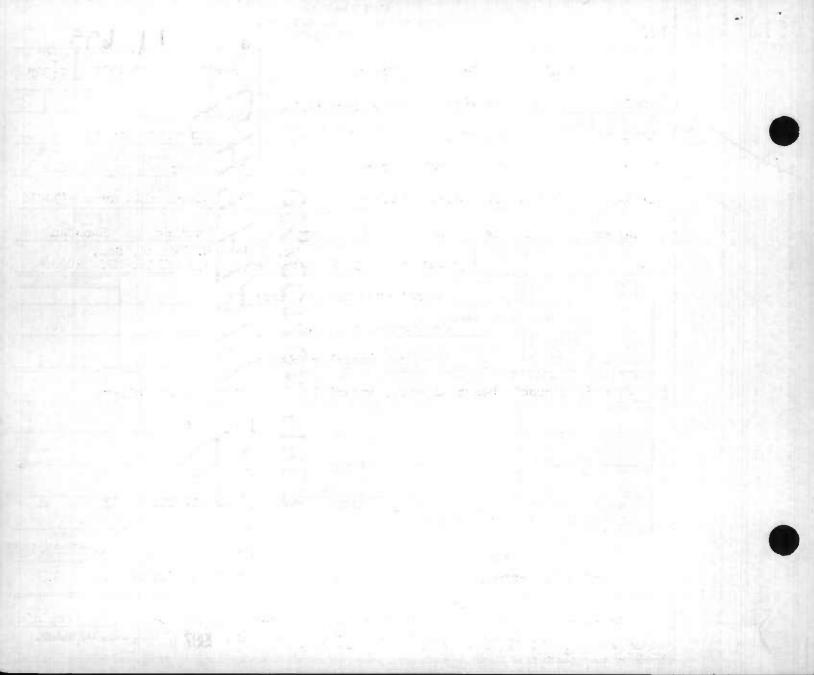
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|   |               | FOR<br>STATE<br>REGISTRAR                      |              |                             | DEPARTM                               |            | EALTH AND MENTAL HYG                                  | IENE                    |                   | 1.1.         | 166            |                 |      |
|---|---------------|--|--------------|-----------------------------|---------------------------------------|------------|---|-------------------------|-------------------|--------------|----------------|-----------------|------|
|   |               | EASED NAME                                     | FIRST        |                             | MIDDLE                                |            | AS1   | 20 DATE OF              | REG. NO.          | ONTH DA      | Y GEAR         | 2h HOUR         |      |
|   |               | OR PRINT)                                      |              |                             |                                       | Enon       | -1-   |                         |                   |              | 1007           |                 |      |
|   | 3. SEX        |  | the1         | 4. RACE                     | Cull                                  | Fren       |   | Apri                    | EARS LAST BIRTHD  |              | 1987           | 7:30P           |      |
|   |               |  |              |                             |                                       | MONTH      | DAY YEAR  | -17%                    |                   | MO           | NIHS DAYS      | HOURS MI        |      |
| - |               | emale  |              | Cauca                       | SIAN WHAT COUNTRY?                    | Nove       | mber 30,1886  |                         | 00                | YRS          | FDFAYII        |                 |      |
| 3 |               | RTHPLACE (STATE OR F                           | OREIGN       |                             |                                       |            | D NEVER MARRIED                                       |                         | RE CITY OR        | -            |                |                 |      |
| 2 | 1             | aryland  | THE          | United                      |                                       | WIDOWE     | DROTHER INSTITUTION                                   | 1                       | ontgom            |              | /              | F BUSINESS C    | MD.  |
| ) | Chevy Chase   |  |              | 5331 C1                     | heachlity, GIVE STREET A              | Aven       |   | (TYPE OF WORK           | emaker            |              | INDUSTRY       | Home            | )K   |
| 5 | 13e S         | AL RESIDENCE (IF NURSI<br>TATE<br>aryland      | 13b COUP     | other institution aty       | 13c. CITY OR TOWN Chevy C             | hase       | 134 INSIDE CITY LIMITS?                               | 13e STREET A<br>5331    | Chamb             | erlin        | Avenu          | e/2081          | 5    |
| 1 | 14. FA        | THER'S NAME                                    |              | MIDDLE                      | LAST                                  |            | 15. MOTHER'S MAIDEN NA                                | ME                      | WIDDIE            |              | 1.45           | 1               |      |
|   |               | Judson   |              | Thomas                      | Cu11                                  |            | Mary  | - 3                     | Matild            | la           | Lana           | han             |      |
| 1 |               | VAS DECEASED EVER                              |              | MED FORCES?                 | 166 SOCIAL SECU                       | RITY NO.   | 17 INFORMANT Mr. J                                    | ludson                  | C. ADDRESS        | nch.         | Son.           |                 |      |
| 1 |               | No   | (IF YES, GIV | - 220-44-39                 |                                       |            |   |                         |                   |              | MD. 2          | 20850           |      |
| 6 |               |  |              |                             |                                       |            |   |                         |                   |              |                | MATE INTERVAL   | н    |
| Ì |               | IMMEDIATE CAUSE (o). Cardio-respiratory arrest |              |                             |                                       |            |   |                         |                   |              |                |                 |      |
|   | - 1           | due to, or as a consequence of                 |              |                             |                                       |            |   |                         |                   |              |                |                 |      |
|   |               | Canditions, if any,                            | which        | ( (b)_                      | Aspira                                | ation      | pneumonia   |                         |                   |              | 12             |                 |      |
|   | 3.3           | cause (a), stating                             | g the        | DUE TO, O                   | R AS A CONSEQUE                       |            |   |                         |                   |              |                |                 |      |
|   |               |  |              | (c)                         |                                       |            | ascular disea   |                         |                   |              |                |                 | _    |
| d | z             |  |              | _                           |                                       |            | NOT RELATED TO THE TERM                               |                         |                   |              |                | 2               |      |
|   | 110           | Arterios                                       |              |                             |                                       |            | rthritis, Con   |                         |                   |              |                | 100             |      |
| 1 | CERTIFICATION | 190 DATE OF OPERAT                             | IION         | 196 COND                    | ITION FOR WHICH                       | OPERATIO   | N WAS PERFORMED                                       | IN CERTIFYING CAUSES OF |                   |              | OF DEATH?      |                 |      |
| 7 | RT            | 21g. ACCIDENT WAS UND                          | SERIVING F   | 1 21b. TIME O               | E INTUINV                             | 1170       | Tal- HOW INTURY OCCUPA                                |                         |                   |              |                |                 |      |
| 1 |               | OR CONTRIBUTING                                | _            |                             | M. MONTH DA                           | Y YEAR     | ZIC HOW INJURY OCCUR                                  | KED (ENTERNAL           | TURE OF INJURY II | NITEM 18 PAR | T I OR PART 2] |                 |      |
|   | MEDICAL       | (IF EITHER NOTIFY MEDIC                        |              |                             | M.                                    | 19         | 100 100 171011  |                         |                   |              |                |                 |      |
|   | MED           | 216 INJURY OCCURR                              |              | 21e. PLACE<br>(AT HOME, STE | OF INJURY<br>REET, FACTORY, OFFICE, F | ARM, ETC ) | 21f LOCATION  |                         | CITY OR TOWN      |              | COUNTY         | STATE           |      |
| Н |               | AT WORK AT WOR                                 | RK -         |                             |                                       | 2/         | 01  | A                       |                   | 2            | 07             | JENG            |      |
|   |               | 220. I certify that (I)                        |              |                             |                                       | 2 =        | arch , 19 <u>81</u><br>nd that in (my) Œur) apinion i |                         | oril 22           | , , ,        |                | that (I) (Xe) I |      |
| H |               | saw the decease<br>above, (I) (35) (2          | Kd) (did no  | t) view the body            | after death.                          | DE GREE    |   | a dii ine ddie          | ond noor c        | 22c. DATE    |                |                 |      |
|   |               | ( NOV  | 00 0         | 1 XIV                       | 110                                   | ^          | ATTENDING PHYSICIAN                                   | MEDICAL                 | STAFF             |              |                | 1 23,1          | 0.27 |
| 7 |               | 22d, PHYSICIAN'S NA                            | ME TYPE      | DO PRINTI                   | Marin                                 | 7          | PHYSICIAN [2  | DIRECTOR [              | PHYSICIA          | N            | APIL           | 1 23,1          |      |
|   |               |  |              | Abrams,                     | M.D.                                  |            | 2141 K. Str   | eet,NW                  | Washi             | ngton        | ,D.C.          | 20037           |      |
|   | 23a B         | BURIAL, CREMATION,                             | REMOVAL      |                             | Tran                                  | IAME OF C  | EMETERY OR CREMATORY                                  | 23d LOCA                | ATION<br>OR TOWN  |              | COUNTY         | STATE           |      |
|   | ,             | Crematic                                       |              |                             |                                       |            | litan Cremator  | ry Ale                  | exandri           | ia           | 1              | Virgini         | La   |
|   | 24 FL         | neral director phesida—Chesida, Mar            | ober         | SA. PHY                     | phrey Eur                             | eral       | Home / 250 APA  | KREZO TY RI             | 1087 AR 251       | REGISTRA     | R'S SIGNA      | diden.          |      |
|   | Bet           | hesda. Mar                                     | ylan         | 20814                       | 1337 (                                | ATSCOL     | TOTIL AVE.  |                         |                   | -            |                | -               | ye.  |

DHMH - 16 60M 7/84 (VRA 15, 4)



NDING PHYSICIAN. The law requires that the death certification

retained by the hospital ar attending physician.

TO HOSPITAL OR

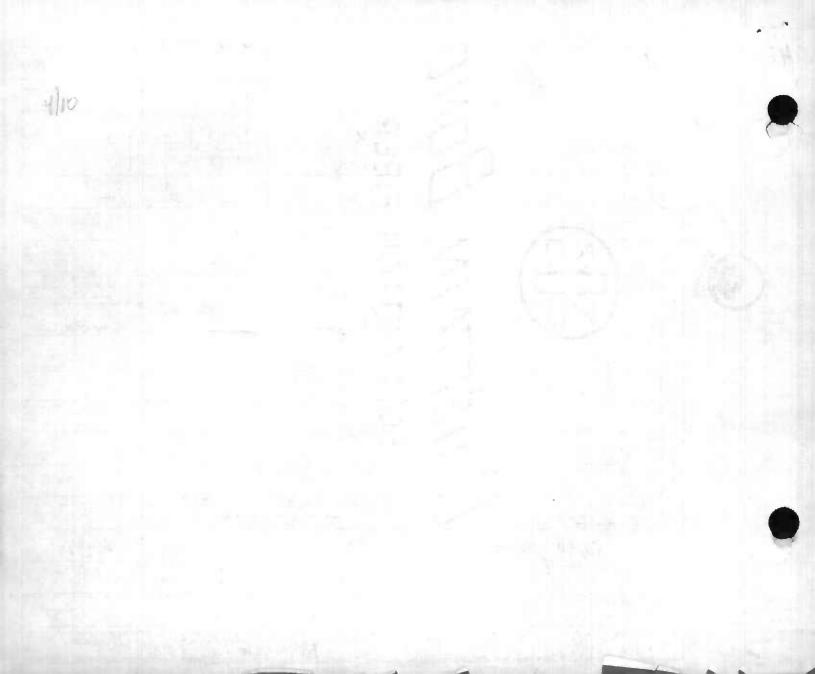
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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- I'm 24 hours ofter death

| 1               |  |                   |                          | STAT         | E OF MARYLAND                   |                           |                  |                         |                    |
|-----------------|--|-------------------|--------------------------|--------------|---------------------------------|---------------------------|------------------|-------------------------|--------------------|
| 1.              | FOR<br>STATE   |                   | DEPART                   | MENT OF I    | HEALTH AND MENTAL HYG           | IENE                      |                  |                         |                    |
| 100             |  | beth FUG          | ITT                      | CERTII       | FICATE OF DEATH                 | REG. N                    | 0 8              | 2 0                     |                    |
|                 | EASED NAME FIRST                                       |                   | MIDDLE                   |              | LAST                            | 20 DATE OF DEATH          | MONTH D          | AY YEAR                 | h HOUR             |
| 1 TINDE         | EL121  | BAFI.             | 1                        | 60           | 1.11                            | 4/2                       | 189              | 7                       | 53%                |
| 3 SEX           |  | 4 RACE            | 7                        | IS DATE O    |                                 | 6. AGE LIN YEARS LAST BIE | THOAVI           | IF UNDER I YEAR         | IF UNDER 24 HRS    |
| 13.55.          | /  | 1 1111            |                          | MONT         | H QAY YEAR                      | 11                        |                  |                         | HOURS MIN.         |
| 1               | emale  | W Wh:             |                          | 12           | 1902                            | xxx 84                    | YRS.             |                         |                    |
| Ma<br>Ma        | THPLACE (STATE OR FOREIGN                              | USA               | WHAT COUNTRY?            | 8.<br>MARRIE | D NEVER MARRIED                 | 9 BALTIMORE CITY          | R COUNTY         | OF DEATH                |                    |
|                 |  |                   |                          | WIDOW        |                                 | MONTE                     | ome              | RY                      | MD.                |
| IN CIT          | Y OR TOWN OF DEATH                                     |                   | HOSPITAL, NURSIN         |              | OR OTHER INSTITUTION            | 120 USUAL OCCUPAT         |                  | 126 KIND OF E           | BUSINESS OR        |
| Ko              | OCKVILLE   |                   | omae                     | VA           | lley                            | School Te                 | acher            | Public                  | School             |
| USUA<br>13a. ST | L RESIDENCE (IF NURSING HOME OF                        |                   |                          |              |                                 |                           |                  | 20817                   |                    |
| Mar             | 11   | omery             | Bethesd                  |              | 13d INSIDE CITY LIMITS?         | 13e.STREET ADDRESS        |                  |                         |                    |
|                 | THER'S NAME  | , omer j          | Deenesa                  |              | 15. MOTHER'S MAIDEN NAM         |                           | SHOTHE           | Court                   |                    |
| 1               | John C. S  | mith              | LAST                     |              | Mary Eliza                      | 1110011                   |                  | LAST                    |                    |
| 160 30/         | AS DECEASED EVER IN U.S. AR                            |                   | 16b SOCIAL SECU          | DITY NO      | 17 INFORMANT                    | Abeth Tayl                |                  |                         |                    |
|                 |  | E WAR OR DATES    |                          |              |                                 |                           |                  |                         |                    |
|                 | No L   |                   | 215 38 2                 | .504         | The Deceased                    | while li                  | ving             |                         |                    |
|                 | 18 CAUSE OF DEATH (Enter or<br>PART I. DEATH WAS CAUSE | nly one couse per | line for (o), (b), on    | dicil        |                                 |                           |                  | APPROXIMA<br>BETWEEN ON | SET AND DEATH      |
|                 | IMMEDIA  | TE CAUSE (o)      | Cardropm                 | mmes         | y arrest                        |                           |                  | Trimm                   | tes                |
|                 |  | DUE TO O          | R AS A CONSEQUE          | NCE OF       | 1                               |                           | e.               | 12-                     |                    |
|                 | Conditions, if ony, which                              | ( b)              | Probable                 | wentre       | culer librillation              |                           |                  | mener                   | les                |
|                 | gove rise to immediate couse (a), stating the          | }                 |                          |              |                                 |                           | 100              |                         |                    |
|                 | underlying couse lost.                                 | DUE TO, OI        | r as a conseque          | NCE OF       |                                 |                           |                  | 3 2 3 2 3               |                    |
| 1               | PART 2. OTHER SIGNIFICANT                              | (5)               | ONITRIBUTING TO F        | DE ATH BUT   | NOT DELL'IED TO THE TERM        |                           |                  |                         |                    |
| Z               | Severe Al  |                   |                          | DEATH BUT    | NOT RELATED TO THE TERMI        | NAL DISEASE OR CON        | DITION GIVE      | N IN PART 110           |                    |
| CERTIFICATION   | 90 DATE OF OPERATION                                   |                   |                          | ODERATIO     | N WAS PERFORMED                 | Too witonsuo              | Ton IT WES       |                         |                    |
| 5               | 70 DATE OF OPERATION                                   | 198 CONDI         | ITION FOR WHICH          | OPERATIO     | N WAS PERFORMED                 | 200 AUTOPSY?              | IN CERTIFY       | WERE FINDING            | S USED<br>F DEATH? |
| 1 E             |  |                   |                          |              |                                 | YES NO                    | YES              |                         | NO 🗌               |
|                 | 210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE   | 216, TIME O       | FINJURY<br>M. MONTH DA   | YEAR         | 216 HOW INJURY OCCURR           | ED (ENTER NATURE OF INJU  | RY IN ITEM 18 PA | RT   OR PART 2)         |                    |
| S S             | (IF EITHER NOTIFY MEDICAL EXAMINER                     | 4117              |                          | 19           |                                 |                           |                  |                         |                    |
| MEDICAL         | 214 INJURY OCCURRED                                    | 21e PLACE         | OF INJURY                |              | 211 LOCATION                    |                           |                  |                         |                    |
| 8               | WHILE NOT WHILE AT WORK                                | (AT HOME, STR     | EET, FACTORY, OFFICE, F. | ARM ETC )    | STREET                          | CITY OR TO                | WN               | COUNTY                  | STATE              |
|                 | 220 I certify that 44 (this hospi                      | tal) attended the | decensed from            |              | 10 56                           | 417                       |                  | 07                      |                    |
|                 | sow the deceased alive on                              |                   | 19                       | 0.1          | nd that in (=7) (our) opinion d | enth occurred on the di   | ato and have     | y                       | it # (we) lost     |
|                 | obove, (# (we) (#dd) (did no                           | t) view the body  | ofter death.             |              |                                 | eom occorred on the di    | ore ona hour     |                         |                    |
|                 | 226 SIGNATURE  | 11                |                          |              | DEGREE                          | 445045                    |                  | 22c. DATE SIC           | GNED               |
|                 | Byrto.   | Johnson           |                          |              | MD ATTENDING PHYSICIAN          | MEDICAL STAT              | IAN              | 14/21                   | 17                 |
|                 | 22d. PHYSICIAN'S NAME (TYPE                            | R PRINT)          |                          |              | 22e ADDRESS                     | MATERIAL                  | 715 11           |                         |                    |
|                 | Byr1 Jo  | hnson             |                          |              | Gathiersbur                     | g, Md. Sl                 | nady G           | rove Roa                | ıd                 |
| 23g BL          | JRIAL, CREMATION, REMOVAL                              | 123h DATE         | 23. N                    | IAME OF C    | EMETERY OR CREMATORY            | 23d LOCATION              |                  |                         |                    |
|                 | Burial   | Apr 6,            |                          |              | Hill Cemetery                   | CITY OF TOWN              | 11               | COUNTY                  | STATE              |
|                 | NERAL DIRECTOR O A                                     | -F - 0,           |                          | -            |                                 | Church Hi                 | II, Ma           | ryland                  |                    |
| 1"              | DYAME 1  | 1. N              | ADDRESS                  | Willi        |                                 | REC'D. BY REGISTRAR       | ZSB. REGISTR     | ar's signaturi          |                    |
|                 | Thising  | LION.             | 11 Che                   | stert        | OWN. Md APR -                   | 6 1987 Aury               | o lovered        |                         |                    |



STATE OF MARYLAND

234 NAME OF CEMETERY OR CREMATORY

Greenmount

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR 6500 York Rd Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

23b. DATE

4/10/87

250 DATE REC D.

Baltimore City

11:05 mpm

IF UNDER LYEAR

126 KIND OF BUSINESS OR

State Gov't.

NOF

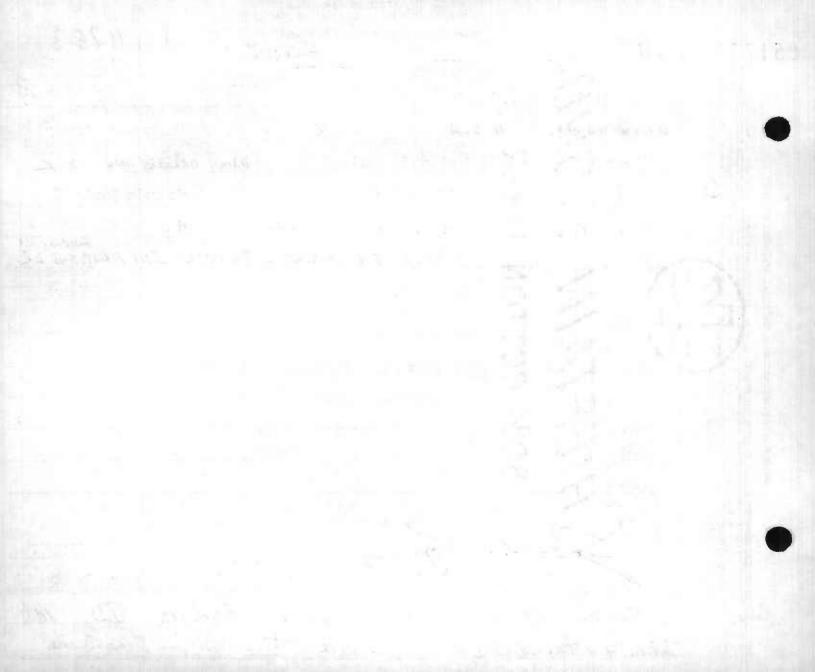
22c DATE SIGNED

4/16

E be

| 10011 100  |     | FOR  |  |               |  | 21744        | KYLAND                                 |  |                           |                                     |
|--|-----|--|--|---------------|--|--------------|--|--|---------------------------|-------------------------------------|
| 19914 APR -  | -9  | STATE<br>REGISTRAR                           |  |               | DEPART                                       |              | EALTH AND MENTAL HYG<br>ICATE OF DEATH | REG. NO  | 1.20                      | 2 ^                                 |
|  | ī   | DECEASED NAME                                | FIRST  |               | MIDDLE .                                     | 1.           | AST                                    | 20. DATE OF DEATH MO                                 | NTH DAY YEAR              | 26 HOUR                             |
| oge 3<br>death   |     | (TYPE OR PRINT)                              | Wil  | lia           | В.   | Gas          | saway                                  | App  | r 1,87                    | 1:00PM                              |
| Po . po  | 3   | . SEX  | The state of the s | RACE          |  | S. DATE C    | FBIRTH                                 | 6. AGE (IN YEARS LAST BIRTHDA                        | AY) IF UNDER ! YEAR       | IF UNDER 24 HRS                     |
| rector<br>urs of   |     | Female                                       |  | Blac          |  |              | ch 17,1903                             | 84   | YRS DAYS                  | HOURS MIN.                          |
| 4 5 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1   | BIRTHPLACE (STATE OR COUNTRY)                | FOREIGN 7  | 'b CITIZEN OF | WHAT COUNTRY?                                | 8<br>MARRIEI | NEVER MARRIED                          | 9 BALTIMORE CITY OR C                                | OUNTY OF DEATH            |                                     |
|  | )   | Maryland                                     |  | U.S.          |  | WIDOWE       |  | Montgor  | nery                      | MD.                                 |
| The the  | A   | CITY OR TOWN OF DE                           |  |               | HOSPITAL, NURSIN<br>CH FACILITY, GIVE STREET |              | R OTHER INSTITUTION                    | 12a USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF WO |                           | OF BUSINESS OR                      |
| File of  | 1   | Gaithersb                                    | 1  | 208           | 327 Zion                                     | Rd,          |  | Housewife  | e Nor                     | ie                                  |
| de bed in  | 1   | SUAL RESIDENCE (IF NURS<br>30. STATE         | 136 COUNT  |               | 13t. CITY OR TOW                             | /N           |  | 13e.STREET ADDRESS / ZI                              |                           |                                     |
| N S S S S S S S S S S S S S S S S S S S  | 3   | Md   | Mon  | tg.           | Gaither                                      | rsbur        | J - 41                                 | 20827 Zic  | on $Rd$ , $/20$           | 0879                                |
| With with with day   | 7   | 4 FATHER'S NAME                              |  | NDDLE         | LAST   | -310         | 15 MOTHER'S MAIDEN NAM                 | WE   | LA                        | 151                                 |
| muted w  | 0   | Willia                                       |  |               | Swail  |              | Lela                                   |  | Tif                       | fany                                |
| MORE<br>e exect<br>o ond<br>Pages  | 1   | 60 WAS DECEASED EVER<br>(YES, NO OR UNKNOWN) |  | WAR OR DATES) | 166 SOCIAL SECU                              |              | 17 INFORMANT                           | ADDRESS  | Address S                 | ame                                 |
| be be rs. Pe   | /=  | No   |  |               |  |              | Mrs Victor                             | ia Selby(Da  |                           |                                     |
| BAI<br>cote<br>cope<br>cool.<br>nt, th   |     | 18 CAUSE OF DEAT<br>PART I. DEATH W          | H (Enter only  | one couse pe  | r line for (a), (b), an                      | d (c).)      | urin Leci                              | DMI = (D 40  | APPROL<br>BETWEEN         | XIMATE INTERVAL<br>HONSET AND DEATH |
| ng p<br>bong<br>rem  |     |  | IMMEDIATE  |               | CEPEINE                                      | VASC         | uithe Acci                             | JEN 1,6, 110   | MIPLEUTA                  | DAYS                                |
| oth of north of north of north of math   |     |  |  | DUE TO, C     | R AS A CONSEQUE                              | ENCE OF      | TIC CARDIOL                            | Mean to Di   | 5-105                     | V+40                                |
| RES<br>trou  |     | Conditions, if any                           |  | (p)           | सन=ान्छ >                                    | CLER         | SHC CRICULU                            | TISCULETE 17   | XXX                       | 7 EMC                               |
| x ( 1 1 1 1 1 1  |     | couse (o), statir<br>underlying couse        |  | DUE TO, C     | R AS A CONSEQUE                              | ENCE OF      |  |  |                           |                                     |
| 50 1   |     | DADE O OTHER SIGN                            |  | (c)           |  |              | NOT RELATED TO THE TERM                |  |                           |                                     |
| RECORDS, 201 W. PRESTON  low requirements the threshold of the second of |     |  | RK/L   | 150N          | 15 M   | DEATH BUT    | NOT RELATED TO THE TERM                | INAL DISEASE OR CONDITI                              | ON GIVEN IN PART 1        | 10                                  |
| beer beer prior  |     | 190. DATE OF OPERA                           |  |               |  | OPERATION    | N WAS PERFORMED                        |  | b. IF YES, WERE FIND      |                                     |
| a de   | 7   | Ĭ.   |  |               |  |              |  | YES NOT  | YES T                     | S OF DEATH?                         |
| VII N: T   | 5.1 | 210. ACCIDENT WAS UN                         |  | 216. TIME C   | OF INJURY<br>.M. MONTH D.                    | AV VEAD      | 21c HOW INJURY OCCURR                  | ED FENTER NATURE OF INJURY IN                        | ITEM IS PART I OR PART 2) |                                     |
| ON OF<br>IYSICIA<br>ding pl<br>s certif<br>buriol-t<br>Mentol  | 7   | OR CONTRIBUTING                              |  |               | .M.  | 19           |  |  |                           |                                     |
| DIVISION OF VIT.  NG PHYSICIAN: 1 oftending physic of the this certificate os the burnol-trons th and Mentol Hyg orked or them 18 st   |     | OR CONTRIBUTING 1                            | RED  |               | OF INJURY                                    | ADM ETC.)    | 211 LOCATION                           | CITY OR TOWN   | COUNTY                    | STATE                               |
| offer the hon  |     | AT WORK AT WO                                | HILE   | (A. NOME 3)   | ALLI, FACTORT, OFFICE, T                     | A            | ,                                      |  |                           |                                     |
| NDII<br>NDII<br>R A A Use o  |     | 220.1 certify that (1)                       |  |               |  |              |  | _, to_April  | ( 19 87                   | that (we) last                      |
| Spite<br>CTO<br>CTO<br>of H  |     | sow the decease<br>obove, (1) (we) (         | ed olive on 2<br>did) (did not)  | view the body | ofter death.                                 | \$7, on      | d that in (my) (our) opinion o         | death occurred on the date                           | and hour and from the     | couses stoted                       |
| OR OR Porched  |     | 22b. SIGNATURE                               | COT  | 1. /1         | 4  |              | DEGREE                                 |  | 22c. DATE                 | ESIGNED                             |
| The est of The Transfer of The Transfer of |     |  | ces  | ur u.         | Tyre&  | i            |  | MEDICAL STAFF DIRECTOR PHYSICIAN                     | 10 April                  | in 2, 1487                          |
| HOSPITAL Inned by the FUNERAL UID be detailed by the Stote ORTANT:   | /   | CEDAL  |  |               | 3 11 0                                       |              | 22e ADDRESS                            | - DI./. D  | . h/11-                   | MAD                                 |
| TO HOSPIT. TO FUNER. should be a with the Sto  | /   | CEARL  | H . L  | ore a         | 2, M.D.                                      |              | 18111 Frum                             | ce Philip 1)   | L. DLNE                   | 9, 100                              |
| 5 5 7 8 8  | 2   | 30. BURIAL, CREMATION,                       | REMOVAL  | 236. DATE     | 230  | NAME OF CI   | METERY OR CREMATORY                    | 23d LOCATION   | COUNTY                    | STATE                               |
| BP   |     | Buria  | al   | 4-5-          | -87 Oa                                       | k Gr         | ove Cemeter                            | CIII OII I OIIII                                     | rsburg. N                 | Monta MI                            |
| DHMH - 16 60M 7/8  | 4 2 | 4 FUNERAL DIRECTOR                           |  |               |  |              | shingto APR                            |  | GISTRARS SIGN             | URE                                 |
| (VRA 15, 4)  |     | George R.                                    | Snow   | den           | Rockvil                                      | Le,MD        | 20850 APR                              | U 6 1987 A   | dia Devidion-             | (andrew                             |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR PDECEASED NAME KNOWN X CLTYPE OR PRINTS OF ESTI-19 87 William Pau1 4. HACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White Jan. 18, 1905 82 YRS a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON Montgomery County DIVORCED WIDOWED 8505 Springvale Road, #7 Silver Spring DELIVERY MILK 8505 Springvale Road, #7 30 STATE 13d INSIDE CITY LIMITS? Silver Spring Montgomery Maryland YES [ NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) CAUNREAU. SOIS INHEATSTONE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Years Emphysema. IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS None 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, ETC.) SIREE CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes X Suicide Homicide L Undetermined manner TITLE (SPECIFY) 4/27/87 Deputy SIGNATUR 1919 Seminary Road ADDRESS Silver Spring, Montgomery County, MD John S. Rogers, M.D. 07/84 25M 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))



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Newbor College Church Street Church Bd.





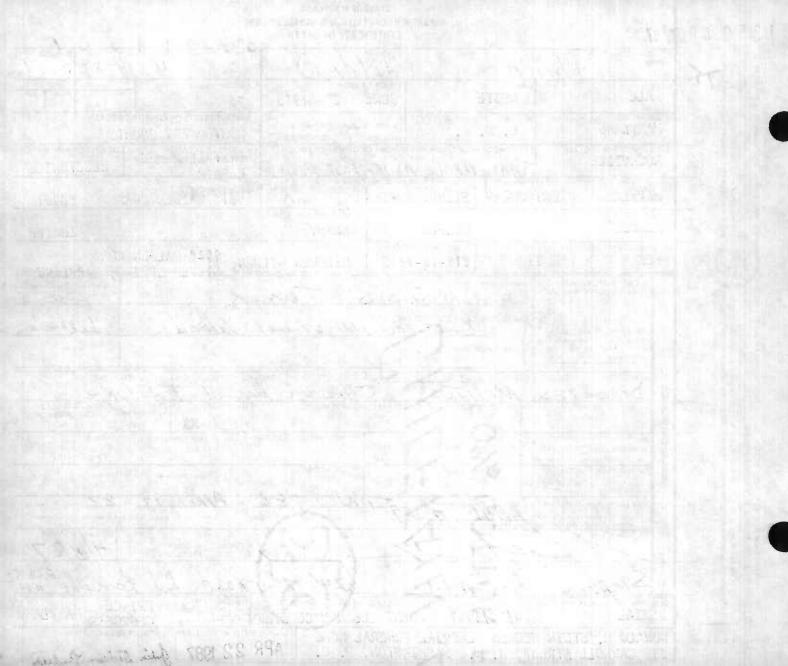
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LE S. LOZE SKYTA, L.A. DEMECES, LE LEL

232 CARROLL STREET. N. W., WASHINGTON, D. C.

DHMH - 16 50M 4/B2 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR T. DECEASED NAME OF EST 8 (TYPE OR PRINT) 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Wisconsin USA WIDOWED \* DIVORCED E CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Secretary-Dept. 13e STATE M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST William Lange Ida Malzahn 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 213 AN. Galveston St. Arl. Va. N/A 20 2808 Don Godkey (Son) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, il ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE L DEPARTMENT 11 PRIOR TO BUR YES [ 71n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE TO MEDICAL EXAMNER: THIS EXECUTE THE CERTIFICATE, WA PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATIR BALTIMORE, MARYLAND, 2120 Inspection 228 I certify that I took charge of the remains described above, held on Autopsy and in my apinion Natural causes death resulted fram: Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER Dr. John SNAME 1919 Seminary Rd.S.S.Md. Rogers ADDRESS 230. BURTAL, CREMATION, REMOVAL 236 DATE 4/7/87 23¢ NAME OF CEMETERY OR CREMATORY Falls Church Va. Nat. Mem. Park 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 3 SIGN ATO Hittes/Rinaldi 11800 New Hamp. Ave. S. S, MAPR **DHMH - 17** (VR A15 ME (5))

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many a similar

1100

4/10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 8 20 DATE KNOWN LITYPE OR PRINT DEATH MATED XADT. Goillot Paul Gaston 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 4 RACE 2c. DATE LAST BIRTHDAY PRONOUNCED Caucasian July 10,1914 DEAD 72 Male 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X United States DIVORCED Montgomery County, France 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Chef-Hotel/Restaurant Barnesville 18510 Barnesville Road 13c. CITY OR TOWN 113e STREET ADDRESS 130 STATE 13d. INSIDE CITY LIMITS? YES X 18510 Barnesville Road / 20838 Barnesville NO [ Maryland Montgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EAST Goillot Roussel Marie Jules 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Mrs. Jacqueline Le Guevel, Sister LIF YES GIVE WAR OR DATES 087-01-8461-A 76-33 269th St. New Hyde Park, New York Yes WWII 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cand arnest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF arteriosclerosa. Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on and in my ppinion death resulted from Homicide DATE April 3,1987 8218 Wisconsin Avenue EXAMINER'S NAME John &. Tauber, M.D., ME 20814 Bethesda, Maryland (TYPE OR PRINT) ADDRESS. 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 1987 Druid Ridge Cemetery Pikesville Maryland 07/84 25M 50. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rockville, Inc. 300 W. Montgomery Ave., Rockville **DHMH - 17** (VR AT5 ME (5)) Maryland

APRIL APRIL ALL MALES

Associated to the Associated Section 100 the first a resident and the contract of the c

|  |   |   | STATE OF MARYLAND                      |  |  |
|--|---|---|--|--|--|
|  | FOR<br>STATE                                  | DEPARTA   | MENT OF HEALTH AND MENTAL HYG          | IENE   |  |
|  | REGISTRAR                                     |   | CERTIFICATE OF DEATH                   | 8 / REG. NO.                                     | 111  |
|  | EASED NAME FIRST                              | MIDDIE  | LAST                                   | 20 DATE OF DEATH MONTH DA                        | AY YEAR 26. HOUR                             |
| S O O O O O O O O O O O O O O O O O O O  | ABRAHA  | M   | GOLLON                                 | April 2, 1987                                    | 8:50a.m                                      |
| 3. SEX   |   | 4. RACE   | 5. DATE OF BIRTH                       |  | FUNDER TYEAR IF UNDER 24 HRS                 |
| t gg Ma  | le  | White   | March 2, 1909                          | 70   | ONTHS DAYS HOURS MIN.                        |
| 70. BIR  | THPLACE (STATE OR FOREIGN                     | 76 CITIZEN OF WHAT COUNTRY?                               | 8                                      | 9 BALTIMORE CITY OR COUNTY O                     | OF DEATH                                     |
|  | nada  | U.S.A.  | MARRIED NEVER MARRIED WIDOWED DIVORCED | Montgomery C                                     | ounty, MD.                                   |
|  | Y OR TOWN OF DEATH                            | 11. NAME OF HOSPITAL, NURSIN                              | G HOME OR OTHER INSTITUTION            | 12e USUAL OCCUPATION                             | 126. KIND OF BUSINESS OR                     |
| 5 TOKen  | sington /                                     | Circle Manor  |  | (TYPE OF WORK FOR MOST OF WORKING LIFE) Engineer | Air Conditioning                             |
|  | L RESIDENCE (IF NURSING HOME OR               | OTHER INSTITUTION GIVE RESIDENCE BEFORE                   | ADMISSION)                             |  | hutel dela                                   |
|  | C: 136 COUN                                   | Washingt  |  | 3539 Albermarle                                  | Street (20008)                               |
| 4  | THER'S NAME                                   |   | 15. MOTHER'S MAIDEN NA                 |  | JEECE (20000)                                |
| AAR POOR   | David   | Gollon  | U N O E                                | BTAINABI   | E LAST                                       |
| ₩ 8 160 W  | AS DECEASED EVER IN U.S. AR                   | MED FORCES? 166 SOCIAL SECU                               |  |  |  |
|  | S, NO OR UNKNOWN) [IF YES, GIVE               | WAR OR DATES) 057-07-69                                   | 988 Muriel Nellis                      | B; Daughter; 3539                                | hington, D.C. N.V                            |
|  |   |   |  | by Baugineer / 5559 /                            | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| · ( No.)   |   | ly one couse per line for (a), (b), one DBY.  E CAUSE (a) | line free                              | ×  | Munda.                                       |
| Z P  | IMMEDIAI                                      |   | NICE OF                                |  | 1,70   |
| STO  | Conditions, if ony, which                     | DUE TO, OR AS A CONSEQUE                                  | in rate of 10                          | day / Descar                                     | Yan -  |
| A 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | gove rise to immediate cause (a), stating the | ) (8)   |  |  | 1  |
| W. Sser to the oother  | underlying cause last                         | DUE TO, OR AS A CONSEQUE                                  | NCE OF                                 |  |  |
| 200 red the control of the control o | PART 2 OTHER SIGNIFICANT C                    | ONDITIONS CONTRIBUTING TO D                               | DEATH BUT NOT RELATED TO THE TERM      | INAL DISEASE OR CONDITION GIVE                   | N IN PART 1rg                                |
| RDS, There of unit of the total | Diolieba                                      | no Olekan.  | Charie P                               | and take   | 0  |
| DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir  of of the this certificate has been signs of the buriol-tronsit permit. Then the ond Mental Hygiene prior to be orked or then 18 shows ony injur  MEDICAL CERTIFICATION  | % DATE OF OPERATION                           | 196 CONDITION FOR WHICH                                   | OPERATION WAS PERFORMED                | 200 AUTOPSY? 206 IF YES,                         | WERE FINDINGS USED                           |
| he to ows  |   |   |  | YES NO YES                                       | ING CAUSES OF DEATH?                         |
| VITA<br>Proms Sicole   | 210. ACCIDENT WAS UNDERLYING                  |   | 21c HOW INJURY OCCURE                  | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR       | RT 1 OR PART 2)                              |
| OF O   | OR CONTRIBUTING CAUSE OF DEA                  | in .  | 19                                     |  |  |
| PHYSICIA<br>ending p<br>this certif<br>he buriolist<br>and Mentol  | 21d. INJURY OCCURRED                          | 21e. PLACE OF INJURY                                      | 211 LOCATION                           | CITY OR TOWN                                     | COUNTY STATE                                 |
| VISI<br>G P<br>S the   | WHILE NOT WHILE AT WORK                       | (AT HOME, STREET, FACTORY, OFFICE F                       | ARM ETC ) STREET                       | CITA OK LOWN                                     | COONITY                                      |
|  |   | (al) ottended the deceased from_                          | 19.81                                  | 10 4- 2 10                                       | 9 \$2, that (f) (we) lost                    |
| ontology of the State of the St | sow the deceased alive on                     | 3 /3 19   | 7. ond that in (my) (aur) opinion of   | death occurred on the date and hour              |  |
| REC REC  | 77h IGNA URE                                  | view the body after death.                                | DEGREE                                 |  | 221. DATE SIGNED                             |
| the Double of th | Demi  | N. Ced  | ATTENDING PHYSICIAN IN                 | MEDICAL STAFF DIRECTOR PHYSICIAN                 | 4-2-07                                       |
| HOSPITAL ned by the FUNERAL side be deal the Stote of the | 224. PHYSICIAN'S NAME (TYPE OF                | R PRINT)  | 22e ADDRESS                            | DIRECTOR   PHISICIAN                             | 11,00%                                       |
| O HOSPITA<br>etoined by<br>TO FUNER<br>hould be d<br>with the Sto  | TOMITM II A                                   | DDAM M D  | EAEA TITIOS TO                         | comme Conite 140F                                | Ol Ol 347                                    |
| D of S M S S S S S S S S S S S S S S S S S   | IRWIN H. A                                    |   | JAME OF CEMETERY OR CREMATORY          | venue, Suite 1425                                | :Chevy Chase Md.                             |
| 230 00   | BECKER CHEMICITY, REMOVAL                     | 230. 0 7.16   | THE OF CEMETERS OR CREMATORS           | CITY OF TOWN                                     |  |
|  | PECIFY)                                       | 1/2/07 Ch.  | aron Cardone                           |  | Protes and File                              |
| (14 4 BP 4 7 ]   | Burial  | 4/3/87 Sha  | aron Gardens                           | Ft. Lauderdale; I                                | Broward; Fla.                                |

Commence Comment Chelinia as Constant al Constant y Services Turkida Kallekur Chara & Barnet Louden . C9 4 0 Vx 58-54 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) ETER SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HONTH DAY5 Jahuary 22. 1922 Caucasian 65 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE ISTATE OF FOREIGN MARRIED X NEVER MARRIED COUNTRY New Jersey Montgomery County, United States WIDOWED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION IL CITY OF TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Furniture Repair Services, Inc. WASHINGTON ADVENTIST USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 137. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Rockville Maryland Montgomery YESX NOF 815 Carter Road/20852 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gromik Stephen Gordeuk Katherine 17 INFORMANT (wife) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. **ADDRESS** (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST Yes WW II 190 16 8062 Mrs. Marie Gordeuk See line #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ARRES CARDIAC DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DACH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE QU Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CORONAGL CONTRIBUTING TO DEATH BUT NOT REL PART 2 OTHER SIGNIFICANT CONDITIONS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? VES F NO F 21c. HOW INJURY OCCURRED (ENTER NATURE AND IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC ) STREET CITY OR TOWN COUNTY STATE NOT WHILE APRIL 220 I certify that (1) (this haspital) attended the deceased from APRIL HARIL saw the deceased olive on ## K/C for above, (I) (we) (did) (did not) view the body ofter death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22h. SIGNATUR DEGREE Should be detact with the State D ATTENDING MEDICAL DIRECTOR PHYSICIAN IMPORTANT: PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR 22e ADDRESS 10313 Georgia Avenue Silver Spring, Md. 20902 Samir Neimat M.D 23b. DATE April 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 13. 1987 Parklawn Memorial Park Rockville Montgomery Maryland BP Burial Retherda Chevy Chase Inc. Bethesda, Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) A.lin, Dividson- Pandall

4/15 A. R. A. S. S. A. L. Kreiner Parkets

| -        | X                     |                       |  |               |   |                            |                         | STATE OF     | FMARYLAND                |                     |                      |                         |                              |
|----------|-----------------------|-----------------------|--|---------------|---|----------------------------|-------------------------|--------------|--------------------------|---------------------|----------------------|-------------------------|------------------------------|
| X        | 1                     | FOR<br>STATE          |  |               |   |                            | DEPART                  |              | LTH AND MENTAL HY        | GIENE               |                      |                         | - 4                          |
| ~ ~      |                       |                       | -/-  | 1 000         | REGISTRAR                                   |                            |                         | LASI         | ATE OF DEATH             |                     | EG. NO.              |                         | 3                            |
| 15       | 131                   |                       | 12   |               | EASED NAME                                  | IRST AG                    | MIDDLE                  | (- NO        | 11                       | 20. DATE OF DEA     | ATH MONTH            | 07 07 2                 | HOUR                         |
|          | d you                 | 8                     |  | 3. SEX        | CIU   | 14 RACE                    |                         | 15 DATE OF B | SETT                     | 6. AGE (IN YEARS)   | O4-1                 | IF UNDER 1 YEAR II      | LINDER TAMPS                 |
|          | 4 9                   | , <u>e</u>            |  | J. SEA        | M   | BL                         | a V                     | MONTH        | DAY YEAR                 | 29                  | ASI BIKINDATI        |                         | OURS MIN.                    |
|          | ogo di                | aurs                  | 1  | 76 RII        | THPLACE (STATE OR FORE                      |                            | WHAT COUNTRY?           | 12           | 30 57                    | A DALTIMODE C       | YRS.                 | V OE DEATH              |                              |
|          | # Jo                  | 72 h                  |  |               | 5,C,  | 1 5                        | 4                       | MARRIED L    | NEVER MARRIED            | ma                  | Z                    | TOT BEATT               |                              |
|          | r dec                 | then /                | 5  | 10 CT         | Y OR TOWN OF DEATH                          | 11. NAME OF                | HOSPITAL, NURSII        | WIDOWED T    | DIVORCED [               | 120. USUAL OCC      | UPATION              | 12b. KIND OF B          | MD.<br>BUSINESS OR           |
| 102      | rs afte               | filed w               |  | 10            | Kona Par                                    |                            | naton                   | Adven        | fist Hosp                | COLH'               | MOST OF WORKING L    | INDUSTRY                | , me                         |
| VD 213   | 24 hou                | old be                | 26   | 13a. S        | L RESIDENCE (IF NURS III)                   | OR OTHER INSTITUTION       | IN CITY OR TOV          | /N 1 1136    | I. INSIDECITY LIMITS?    | 13e STREET ADD      | RESS / ZIP COD       |                         | 203                          |
| YLAP     | u de de               | S                     | The state of the s |               | THER'S NAME                                 | 4                          | Leiter                  |              | MOTHER'S MAIDEN N        | AME                 |                      | choc 2                  |                              |
| AAR      | D 0                   | puo                   | E  | 3             | AMUEL                                       | MIDDLE G                   | OSSET                   | 7            | Bessie                   | MI                  | DDLE                 | ELAST                   |                              |
| RE,      | ecute                 | 2                     | CO   |               | AS DECEASED EVER IN                         | U.S. ARMED FORCES?         | 166 SOCIAL SECT         | JRITY NO. 17 | INFORMANT                |                     | ADDRES 65            | 2 5, Ce                 | WIERA                        |
| MO       |                       | 00                    | E  | (Y            | ES, NO OR UNKNOWN)                          | IF YES, GIVE WAR OR DATES) | LINKMO                  | WNE          | Amuel                    | GOSSET              | T Sla                | rankura                 |                              |
| 3ALT     | 331                   | 100                   |  |               | 18 CAUSE OF DEATH (<br>PART I. DEATH WAS    | Enter only one couse pe    | r line for (a), (b), or | id ici D     |                          | 1. 1000. 76         | Long                 | APPROXIMA<br>BETWEEN ON | NE INTERVAL<br>SET AND DEATH |
| ST.,     |                       | ещо                   | even   |               |   | MEDIATE CAUSE (0)          | Vira                    | thee         | manin wi                 | the bespira         | avect                |                         |                              |
| ON       | £ 5                   | . 0.                  | Datic  | 83            |   | DUE TO, C                  | OR AS A CONSEQU         | ENCE OF A    | 200                      |                     |                      |                         |                              |
| REST     | o o o                 | ofian                 | Lan  |               | Conditions, if ony, w                       |                            |                         | 1            | 11) >                    |                     | <u> </u>             |                         |                              |
| ×        | to the                | se rem                | othe   |               | couse (a), stating                          | /                          | OR AS A CONSEQU         | ENCE OF      |                          |                     |                      |                         |                              |
| , 201    | res of                | pled                  | , a  |               | PART 2. OTHER SIGNIF                        | ICANT CONDITIONS           | ONTRIBUTING TO          | DEATH BUT NO | T RELATED TO THE TER     | MINAL DISEASE OF    | CONDITION GI         | VEN IN PART 10          |                              |
| RDS      | in be                 | The I                 | <u> </u>   | O.            |   | -6                         |                         |              |                          |                     |                      |                         | Valence I                    |
| ECO      | 3 0                   | ermit<br>price        | s and  | CERTIFICATION | 190 DATE OF OPERATIO                        | 19b. CONE                  | DITION FOR WHICH        | OPERATION V  | VAS PERFORMED            | 200 AUTOPSY         | 20b. IF YE           | S, WERE FINDING         | S USED<br>F DEATHO           |
| ALB      | The cron.             | sit pe                | 1  | RTIF          |   |                            |                         | 1            |                          | YES NO              | 7.7                  | ANDRO PSY               | NO                           |
| FVII     | IAN:<br>physi         | I-transit<br>of Hygie | n  | C             | 21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU |                            |                         | AY YEAR      | ic. HOW INJURY OCCU      | RRED (ENTER MATURE) | RY IN ITEM 18        | PART I OR PART 2)       | / \                          |
| NON      | ING I                 | vrial                 | The state of the s | NC.           | (IF EITHER NOTIFY MEDICAL                   |                            | P.M.                    | 19           | I LOCATION               |                     |                      |                         |                              |
| DIVISION | G PH)                 | the b                 | o e  | MEDIC         | WHILE AT WORK AT WORK                       | LAT HOME S                 | OF INJURY               | FARM EIC)    | STREET                   | CIT                 | Y OR TOWN            | COUNTY                  | STATE                        |
| ۵        | NIO P                 | se o                  | E  |               | 22a I certify that (I) (th                  |                            |                         | 1984         | . 19                     |                     | 7-87                 | . 19, the               | ot (we) lost                 |
|          | TTEN                  | of H                  | 7  |               | now the deceased                            | (did not) view the bod     | Votter death            | , ond t      | hat in (60) (our) opinio | n deoth occurred on | the date and ha      | ur and from the car     | uses stated                  |
|          | OR A bush             | ched<br>ched          | Fee  |               | 224 SIGNATURE                               | . 1                        | , 5.1.5. 555            |              | GREE                     |                     |                      | 22c. DATE SI            | GNED                         |
| 1        |                       | deto                  |  |               | yell A                                      | ) Cell //                  |                         | M            |                          | MEDICAL DIRECTOR D  | STAFF<br>PHYSICIAN [ | 12/-1-                  | 8/                           |
|          | HOSPITAL<br>ined by t | d be                  | X X  |               | 22 PHYSICIAN THAM                           | (TYPE OR PRINT)            | 0-                      | 21           | Re ADDRESS               |                     |                      | 1 de                    | 904                          |
|          | O HC                  |                       | 2  |               | Charlest                                    | rcentles                   | n                       |              | 1170 Newl                |                     |                      | we spy                  | Res                          |
|          | P .                   | 0, 3, 2               | -  |               | URIAL, CREMATION, RE.                       | 11.0                       | -97 34                  | -            | ETERY OR CREMATORY       | 23d LOCATIO         | I'm to               | COUNTY                  | PIATE                        |
|          | BP                    |                       |  | Ke            | MOVA/BUI                                    | rial 7-8                   | 0 /                     | o be         | Trans Ter                | 64 6 5              | arland               | Dry, S                  | , ( )                        |
|          | DHMH -                |                       | 7/84   | 24 FL         | NERAL DIRECTOR                              | E. 1 1                     |                         | 21 FI        | - ~ A                    | PR 2 1 198          | TRAR 256. REGIS      | LARAP'S SIGNATUR        | Lack                         |
|          | (VRA                  | A 15, 4)              |  | 1             | HFF 1340;                                   | S. FUNL, F                 | OME                     | Washi        | D.C. A                   | 11 1 100            | , ,                  |                         |                              |

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perol director, page 3 n 72 hours ofter death

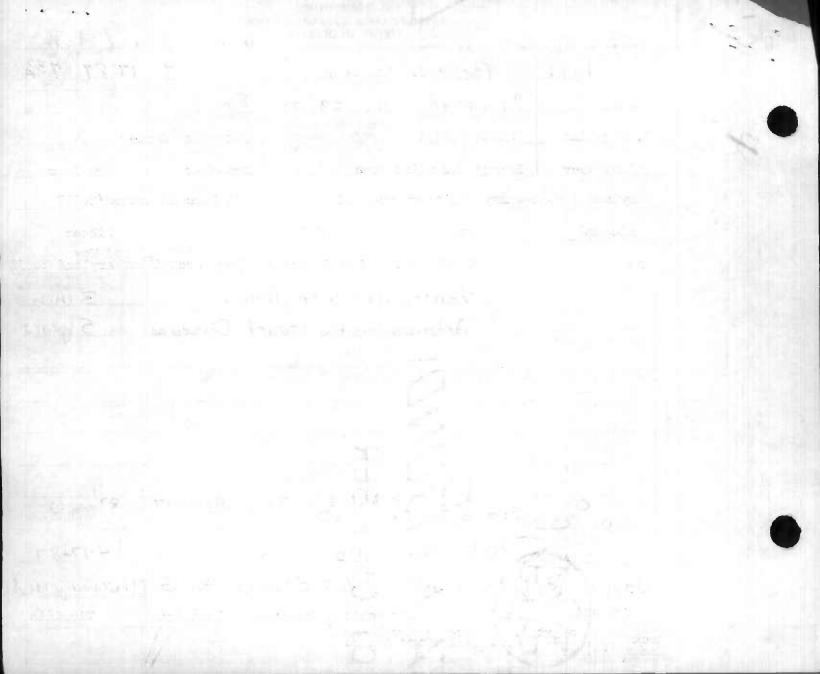
| 1       |   |  | STAT        | E OF MARYLAND  |                            |             |                  |                                  |  |
|---------|---|--|-------------|--|----------------------------|-------------|------------------|----------------------------------|--|
| h       | FOR<br>- STATE  | DEPART   |             | HEALTH AND MENTAL HYG  | IENE                       | 4 0         | , ,              | ,                                |  |
|         | REGISTRAR   |  |             | FICATE OF DEATH  | 8 / REG. NO                |             | /                | 4                                |  |
|         | ECEASED NAME FIRST                                    | MIDDLE   | 1.27        | LAST   | 2a. DATE OF DEATH          | MONTH E     | DAY YEAR         | 26 HOUR                          |  |
|         | Hana  | Bele C.  | Gra         |  |                            | TI          | 787              | 12 AM                            |  |
| 3. S    | EX  | 4. RACE  | 5. DATE (   | OF BIRTH<br>H DAY YEAR   | 6. AGE TIN YEARS LAST BIRT |             | IF UNDER I YEAR  | HOURS MIN.                       |  |
|         | Female  | Caucasian  | 11          | 23 00  | 86.                        | YRS         |                  |                                  |  |
| 7a      | BIRTHPLACE (STATE OR FOREIGN COUNTRY)                 | 76. CITIZEN OF WHAT COUNTRY?                                       | 8<br>MARRIE | D NEVER MARRIED  | 9 BALTIMORE CITY O         | R COUNTY    | OF DEATH         |                                  |  |
| L       | S. Carolina   | United States  | WIDOWI      | EDX DIVORCED   | Montgomery                 |             |                  | MD                               |  |
| 10      | CITY OR TOWN OF DEATH                                 | 11. NAME OF HOSPITAL, NURSIN                                       | ADDRESSI    | OR OTHER INSTITUTION   | 128 USUAL OCCUPATION       |             |                  | F BUSINESS OR                    |  |
|         | Gaithersburg  | Asbury Methodi   |             |  | Homemaker                  |             | Own              | Home                             |  |
| 13a     | UAL RESIDENCE (IF NURSING HOME C<br>STATE 136 COL     | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JINTY 13c. CITY OR TOW |             |  | 13e STREET ADDRESS /       | ZIP CODE    |                  |                                  |  |
|         |   | tgomery Gaither  | sburg       | YESX NO  | 211 Russel                 |             |                  | 877                              |  |
| 14.     | FATHER'S NAME FIRST                                   | MIDDLE LAST  |             | 15 MOTHER'S MAIDEN NAM   | WE                         | W. S        | LAS              | J                                |  |
|         | Richard   | Crosby   |             | Addie  |                            | TIE.        | Ritt             | er                               |  |
| 160     | WAS DECEASED EVER IN U.S. A                           | RMED FORCES? 166. SOCIAL SECU                                      | IRITY NO.   | 17 INFORMANT   | 6120                       | S Calw      | rood Wa          | v                                |  |
|         | No  | 249-10-3   | 218D        | Margie Graha   | n Bloom Rock               | cville      | e,Maryl          | and 2085                         |  |
|         | 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUS | only one couse per line for (a), (b), on                           | d (ch.)     | 1  |                            |             | BETWEEN          | MATE INTERVAL<br>ONSET AND DEATH |  |
|         |   | ATE CAUSE 10) Pento  | iculi       | er archyth   | imia                       |             | 3                | min                              |  |
| п       |   | DUE TO, OR AS A CONSEQUE   | ENCE OF     | 1 11   |                            |             | 6                |                                  |  |
|         | Conditions, if ony, which                             | ( 16) Acteció  | oscle       | erotic Itea  | rt Disec                   | ise.        | )                | 2 years                          |  |
| 1       | couse (o), stoting the underlying couse lost.         | DUE TO, OR AS A CONSEQUE   | ENCE OF     |  |                            |             |                  |                                  |  |
| 18      |   | (c)  | -           |  |                            |             |                  |                                  |  |
| z       | PART 2 OTHER SIGNIFICANT                              | CONDITIONS CONTRIBUTING TO I                                       | DEATH BUT   | NOT RELATED TO THE TERM  | INAL DISEASE OR CONE       | OITION GIVE | EN IN PART 10    | a                                |  |
| CATION  | 19a DATE OF OPERATION                                 | 1% CONDITION FOR WHICH   | OPERATIO    | IN WAS REPEOPLED   | 20a AUTOPSY?               | Tank IE VES | , WERE FINDIN    | ACE LICED                        |  |
| FIG.    | IN DATE OF OFERATION                                  | The CONDITION FOR WHICH  | OFERATIO    | IN WAS FERT ORMED  |                            | IN CERTIFY  | YING CAUSES      | OF DEATH?                        |  |
| CERTIFI | 71a. ACCIDENT WAS UNDERLYING                          | 7 21h. TIME OF INJURY  | _           | 21c. HOW INJURY OCCURE   | YES NO X                   | YES         |                  | NO 🗌                             |  |
| AL C    | OR CONTRIBUTING CAUSE OF D                            | HOUR A.M. MONTH DA   |             | The state of the s | LE TENTER NATURE OF 11930K | IN IEM IG P | ART ( OR PART 2) |                                  |  |
| EDIC/   | 214. INJURY OCCURRED                                  | P.M.<br>21e. PLACE OF INJURY                                       | 19          | 211 LOCATION   |                            | -           |                  |                                  |  |
| ME      | WHILE NOT WHILE AT WORK                               | (AT HOME STREET, FACTORY, OFFICE, F                                | ARM, ETC )  | STREET   | CITY OR TO                 | WN          | COUNTY           | STATE                            |  |
|         |   | pital) attended the deceased from_                                 | Ma          | 11ch 8 19 77   | _ 10 April                 | 17          | 19 87            | that (i )we) lost                |  |
|         | sow the deceased alive a above, (M)(we) (did (did n   | of view the body ofter death.                                      | 87.01       | nd that in my (our) opinion o  | death occurred on the da   | te and hour | and from the     | couses stated                    |  |
|         | 27h SIGNATURE   |  | 0.00        | DEGREE   |                            |             | 22c. DATE        | SIGNED                           |  |
| 1       | -   | V Mars   | ~           | PHYSICIAN D  | MEDICAL STAF               |             | 4-1              | 7-87                             |  |
| -       | THE PHYSICIAN'S PLANT                                 | Carried 1  | 3           | 22e ADDRESS  |                            |             |                  |                                  |  |
|         | Idames R  | Moore Jr.  |             | 207 Broo   | hes Ave                    | Gail        | hers6            | ura Mi                           |  |
| 23a     | BURIAL, CREMATION, REMOVA                             | L 236. DATE 23c N  |             | EMETERY OR CREMATORY   | 23d. LOCATION              |             |                  |                                  |  |
|         | (SPECHY) Cremation                                    | Apr. 17, 1987   Me   | etropo      | olitan Cremato   | ry Alexand                 | ria         | VI VINUO         | iroinia                          |  |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this centificate has been signed by the attending obysecen and completely filled in the attended for use as the burial-transit permit. Then please remove corbon papers. Pages 1 of 2 sharid be-

Rockville, Inc. 300 W Montgomery Avenue Rockville, Maryland 20850 APR 22 1987



050608

| 1  | STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE |  |                |  |   |            |            |                           |          |                         |               |                        |   |  |  |
|----|--|--|----------------|--|---|------------|------------|---------------------------|----------|-------------------------|---------------|------------------------|---|--|--|
|    | 1-   | FOR<br>STATE<br>REGISTRAR  |                |  | DEP                                     |            |            | TE OF DEATH               | HYGIEN   | 8 / REG. NO             | 1             | 1 /                    | 1 100   |  |  |
|    |  | CEASED NAME  |                | DAY YEAR   | 26 HOUR                                 |            |            |                           |          |                         |               |                        |   |  |  |
|    | CINPE  | DB PRINT)  | FANN           | ÍE   |   | 14         | 4 1987     | 5 45 AM                   |          |                         |               |                        |   |  |  |
| R  | 1 967  | 87 -   | 4              | RACE   | 1                                       |            | TE OF BIR  | FIELD<br>RTH<br>DAY YEAR  |          | AGE (IN YEARS LAST BIRT | HDAY)         | MUNDER I YEAR          | IF UNDER 24 HRS HOURS MIN.                      |  |  |
|    | 3. 00  | t ema  | -              | CITIZEN OF   | ) hite                                  | TDV2 B     | 7 -        | 28-0                      | 3        | 84 BALTIMORE CITY OF    | YRS           | OFDEATH                |   |  |  |
| 7  |  | LAND   | K FOKEIGN //   | U  | . S. A                                  | MAI        | RRIED -    | DIVORCED.                 |          | MONT                    | 60            | mE                     | RY.M  |  |  |
| N. |  | TY OR TOWN OF D  | EATH 1         |  |   | URSING HO  | ME OR OT   | HER INSTITUTION           | 120      | O USUAL OCCUPATION      | ON WORKING HE | 12b KIND O             | F BUSINESS OR                                   |  |  |
| 2  |  | ckville  |                | Hebrew Home of Greater Washington (TYPMEYORKORMOSTOF WORKING LIFE) (NDUSTROCER |   |            |            |                           |          |                         |               |                        |   |  |  |
| 1  | Ma<br>Ma   | al residence (# NU<br>STATE<br>ryland  | Montgo         |  | ROCKU                                   |            | 13d.<br>YE | INSIDE CITY LIMITS        |          | ·SIFF ADDRESS 4         | TIP CODE      | Road 20                | 2852  |  |  |
| 1  | 14 FA  | Lepa   | M              | IDDLE  | Penn                                    | er         | 15. ^      | nother's maiden<br>Chando |          | WIDDFE                  |               | (Unkî                  | iown)   |  |  |
| 1  |  | VAS DECEASED EVE<br>VES NO DRUNKNOWN)  |                | ED FORCES?<br>WAR OR DATES!  | 111111111111111111111111111111111111111 | 2-9401     |            | rormant<br>aul Greek      | rfie     | ld Silver               |               |                        | <i>iland</i>                                    |  |  |
| 9  |  | 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   PART I, DEATH WAS CAUSED BY, |                |  |   |            |            |                           |          |                         |               |                        | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |  |
| H  |  | TAKI I. DEATH  | IMMEDIATE      |  | as di                                   | iopu       | 100        | ondry                     | (        | Xrlosl                  |               |                        |   |  |  |
|    |  | Canditions, if an  | v. which       | DUE TO, OF   | R AS A CONS                             | EQUENCE    | Son        | nenti                     | a        | 11/22/17                |               |                        |   |  |  |
| 7  |  | gave rise to in<br>cause (a), star   | nmediate       | DUE TO, OT   | RAS A CONS                              | SEQUENÇE C | OF.        | . /                       | _        |                         |               |                        |   |  |  |
|    |  | underlying cau   |                | ( (c)  | 2)10                                    | be le      | 7          | mell                      | 14       | 6                       |               |                        | W.E.  |  |  |
|    | No.  | PART 2 OTHER SIG   | GNIFICANT CO   | ONDITIONS <u>CC</u>  | ONTRIBUTING                             | G TO DEATH | BUTNOT     | RELATED TO THE T          | TERMINA  | AL DISEASE OR CONE      | DITION GIV    | EN IN PART 11          | a   |  |  |
| 2  | CERTIFICATION  | 9a DATE OF OPER  | ATION          | 196 CONDI  | TION FOR W                              | HICH OPERA | ATION W    | AS PERFORMED              |          | 200 AUTOPSY?            |               | S, WERE FINDING CAUSES |   |  |  |
| 1  |  | 21a ACCIDENT WAS U   | CAUSE OF DEAT  | 216 TIME O<br>HOUR A.  | M. MONTH                                |            | AR 210     | HOW INJURY OC             | CURRED   | (ENTER NATURE OF INJUR  | Y IN ITEM 18  | PART I OR PART 2)      |   |  |  |
|    | MEDICAL  | 21d INJURY OCCU  | RRED           | 21e PLACE  |   |            | 211        | LOCATION                  | T.       | CITY OF TOV             | VN            | COUNTY                 | STATE   |  |  |
|    |  | 22a I certify that   | X              | Dattended the  | e deceased f                            | rom 8      | - 2        | 2 19                      | 83       | , to 4-                 | 4             | 19 87                  | that (IV(we) last                               |  |  |
|    |  | saw the deced<br>abave, (1) (we)   | idid (did not) | view the bady  | after death.                            | 19.87      | and the    | at in (my) (our) pir      | nian dea | oth accurred on the do  | te and hav    | ir and fram the        | causes stated                                   |  |  |
|    |  | 226 SIGNATURE  | 51.            | OLLIA MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN                  |   |            |            |                           |          |                         | 27c DATE 4-1  | 27 DATE SIGNED 4-4-87  |   |  |  |
|    |  | LORET  |                | · AL   | 3106                                    |            | 6          | ADDRESS                   | 201      |                         | E             | R9                     |   |  |  |
|    |  | BURIAL, CREMATION  |                | 4/6/19   | 87                                      |            |            | Cemeter                   |          | Washing                 | ston,         | COUNTY                 | D. stC.   |  |  |

DHMH - 16 60M 7/84 (VRA 15, 4)

2 CARROLL STREET, N. W., WASHINGTON, D. C.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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(VRA 15, 4)

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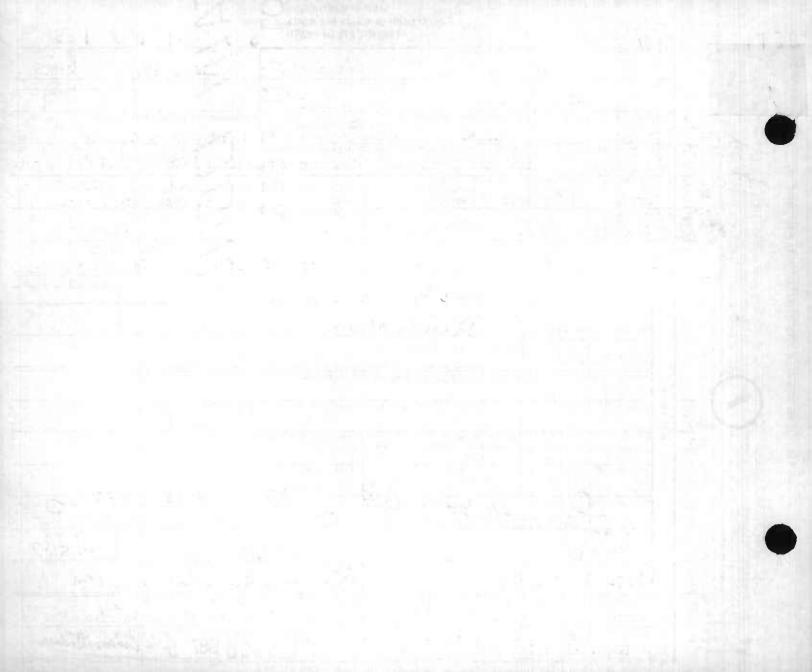
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|                          |   | 1             |                                  |                                   |                |               |               |                 |            | ARYLAND                     |              |                |                  |                 |              |           |
|--------------------------|---|---------------|----------------------------------|-----------------------------------|----------------|---------------|---------------|-----------------|------------|-----------------------------|--------------|----------------|------------------|-----------------|--------------|-----------|
|                          |   | 1-            | FOR<br>STATE                     |                                   |                |               |               |                 |            | AND MENTA                   |              |                | _                |                 |              |           |
|                          |   | 1             | REGISTRAR                        |                                   |                | MEDI          | CALE          | XAMINE          | R'S C      | ERTIFICATE                  | OF DE        | ATH &          | REG. NO          | 1171            | 0 01         |           |
|                          |   |               | CEASED NAM                       | E FIRST                           |                | M             | AIDDLE        |                 |            | LAST                        | 0            | 20 DATE K      | NOWN X           | MONTH DA        | 1 10         | 26 HOUR   |
|                          | 25.55E  | (14)          | PE OR PRINT)                     | Anto                              | nio            |               |               |                 | Cu         |                             |              | OF<br>DEATH    | ESTI-            | 4/9             | 1987         |           |
| F 0                      | A O H O H   | 3 SE          | X.                               | 4. RACE                           | 5. DATE OF     | BIRTH         | 16            | AGE (IN YEAR    |            | errero<br>DER 1 YR. LIF UNI | DER 24 HRS.  | 2c. DATE       |                  | MONTH DA        |              | 2d HOU    |
| JU                       | 45 65.11  | 18            | R7                               |                                   | MONTH          | DAY           | YEAR          | LAST BIRTHDAY   | MONTH      |                             | MIN          | PRONOUNG       | CED              | 4.40            |              | 9:10      |
|                          | 80000   |               | Male                             | White                             | Apr.           | 6.19          | 03            | 84 YRS          |            |                             |              | DEAD           |                  | 4/9             | 1987         | A. A      |
|                          | ESS ESS   | 70 B          | IRTHPLACE 15                     | TATE OR                           |                | OF WHAT       |               |                 | MARRI      | D NEVER MA                  | RRIED        | 9. BALTIMO     | ORE CITY OR      | COUNTYO         | FDEATH       |           |
|                          | SZ X  |               | Spain                            |                                   | Reside         | ent o         | f Cul         | oa              | WIDOW      | ED DIVO                     | RCED         | Mo             | ntaome           | ery Cou         | ıntv         | ME        |
|                          | S. H. Y. H.   | 10. €         | ITY OR TOWN                      | OF DEATH                          |                |               |               |                 | OR OTH     | R INSTITUTION               | 12a USI      | UAL OCCUPA     | ATION (TYPE C    | FWORK 12b       | KIND OF BU   | SINESS    |
|                          | PAGE AND SERVIS   |               | Silver                           | Spring                            | 85             | SUCH FACILI   |               |                 | Doa        | d, #201                     | Win          | e Dist         | ributo           | or Se           | OR INDUSTR   | love      |
|                          | m = n = -   |               |                                  | (IF IN NURSING HOME               |                |               | RESIDENCE BE  | FORE ADMISSION  | Nou        | α, π201                     |              |                |                  | 77 61           | - 11         | ,         |
| 90                       | Z96584  |               | TATE                             | 136 COUI                          | VTY            |               | 13c CITY C    | OR TOWN         |            | 138 INSIDE CITY LIMITS      | 7 13e. STR   | REET ADDRES    | is               | XO.             | 701          |           |
|                          | TASTEO  |               | Marylan                          |                                   | tgomer         | У             | 21146         | er Spr          | ing        | YES X NO                    |              |                | y Brar           | nch Roa         | ad, #2       | 01        |
| 244                      | E- 25   | 14.5          | ATHER'S NAME                     |                                   | WIDDLE         |               | Carala        | rrero           | 33.3       | 15 MOTHER'S MA              |              | E MIC          | DLE              |                 | opez         |           |
| 9                        | GES CES T   | 1_            |                                  |                                   |                |               |               |                 |            |                             | lores        |                |                  | L               | opez         | 44        |
|                          | A NO BEE  | 160.          | WAS DECEASED<br>ES, NO, OR UNKNO | DEVER IN U.S. AF                  | MED FORCES     | 5?            | 166 SOCIA     | AL SECURITY     |            | 17. INFORMANT               |              |                | ADDRESS          |                 |              |           |
| TOCK ON PROPERTY         | JRS AFTER<br>3. GIVE P<br>WITH PO<br>1. PAGES<br>DIVISION   |               | N/A                              |                                   | N/A            |               | 267-          | 21-245          | 1          | Rosa I. C                   | duerre       | ro-wif         | e-(san           | ne as           | 13e)         |           |
|                          | 5 5 5 5 5 6   |               | 18 CAUSEO                        | F DEATH (Enter a                  | nly one cause  |               |               |                 |            |                             |              |                |                  | Ι.              | APPROXIMATE  | INTERVAL  |
|                          | 0-054   |               | PARTIDE                          | ATH WAS CAUSE                     | D BY:          |               |               |                 | dial       | disease                     |              |                |                  |                 | ETWEEN ONSET | AND DEATH |
| 3                        | IN 24 HO<br>IN ITEM 1<br>? ALONG<br>ISIT PERMI<br>HYGIENE,<br>MOVAL.  | 100           |                                  | IMMEDIA                           | TE CAUSE (a)   |               |               | EQUENCE OF      |            | discuse.                    |              |                |                  |                 |              |           |
|                          | EACH IN   |               |                                  | ns, if any, which                 |                |               |               |                 |            |                             |              |                |                  |                 |              |           |
| 2                        | PENCIL<br>PENCIL<br>AMINER<br>P. TRANS<br>ABNTAL H  |               |                                  | se to immediate stating the under |                | TO OP AS      | A CONS        | EQUENCE OF      | ,          |                             |              |                | -                |                 |              |           |
| 300                      | BAS AST   |               | lying cau                        |                                   | 000            | 10, OK A3     | A CONS        | EQUENCE OF      | 3          |                             |              |                |                  |                 |              |           |
| S                        | UD BE EXECUTED WITHIN 24 H. "PENDING". IN PENCIL IN ITEM F. MEDICAL EXAMINER ALON ED ASA BURIAR, TRANSIT PER HEALTH AND MENTAL HYGIEN L. GREMANTOL HYGIEN L. GREMANTOL DE REMOVAL |               |                                  |                                   | (c)            |               |               |                 |            |                             |              |                |                  |                 |              |           |
| SCOCCIONAL SERVICE SCOCK | A A B A B A A   | -             | PART 2 OTHER SI                  | GNIFICANI CONDITION               | CONTRIBUTING T | O OEATH RUT   | NOT RELATE    | O TO THE TERMIN | AL OISEASE | OR CONDITION GIVEN I        | EPART Tio    |                |                  |                 |              |           |
| 3                        | A S S S S S S S S S S S S S S S S S S S   | ğ             |                                  |                                   |                |               | ne            |                 |            |                             |              |                |                  |                 |              |           |
|                          | SHOULD<br>ORD "PE<br>CHIEF A<br>E USED I  | CERTIFICATION | 19a DATE OF                      | OPERATION                         | 19b. C         | CONDITIO      | NFORW         | HICH OPERA      | TION W     | AS PERFORMED?               |              |                |                  | 20              | AUTOPSY?     |           |
|                          | TAN TO THE TANK   |               | Non                              |                                   |                |               |               |                 |            |                             |              |                |                  | 34.1            | YES 🗌        | NO X      |
| 2                        | HAH ONO   | 1 5           |                                  | L CAUSE WAS                       |                | IME OF IN     |               | DAY YEAR        | 21c HC     | W INJURY OCCU               | RRED (ENTER  | NATURE OF INJU | RY IN ITEM 18 PA | RT T OR PART 2) |              |           |
| 3                        | SHOSE S   | 3             | UNDERLYING                       | G □ OR<br>NG □ CAUSE OF           |                | P.M.          | NOIVIN L      | 19              | 136        | Nor                         | 12           |                |                  |                 |              |           |
| 196                      | SHOW  | MEDICAL       | 21d. INJURY C                    | CCURRED                           |                | PLACE OF      |               |                 | 21f. LOC   | ATION                       |              |                |                  |                 |              |           |
| ž                        | S C S C S C S C S C S C S C S C S C S C   | E             | WHILE                            | NOT WHILE                         | STF            | REET, FACTORY | Y, FARM, ETC. | .)              | S1         | REET                        |              | CITY OR TOW    | N                | COUNTY          |              | STATE     |
|                          | R: THIS CERTIFICATE SH<br>TE, WRITING THE WOR<br>PRWARDED TO THE CO<br>R: PAGE 3 SHOULD BE (<br>E STATE DEPARTMENT)<br>D. 21201 PRIOR TO BU)                                      |               |                                  |                                   |                |               |               |                 |            |                             |              |                |                  |                 |              |           |
|                          | EXAMINER:<br>CERTIFICATE<br>VULD BE FOR:<br>DIRECTOR:<br>3, WITH THE S<br>MARYLAND,   |               | 22a 1 certi                      | fy that I taak char               | ge of the remo | ains describ  | bed abave     | e, held on      | Autops     | y . Inspec                  | tian .       | Inquiry        | , and            | in my apinian   | 1            |           |
|                          | ME HE HE LE   |               | death result                     | ed fram: Nati                     | urol couses    | XI, Ac        | ccident       | , Suici         | de 🔲,      | Homicide                    | Undet        | termined man   | iner .           |                 |              |           |
|                          | AAR VER   |               | ACTUAL                           | / /                               | 0 6            | 2/            | -             |                 |            | TITLE (SPECIFY              |              |                |                  |                 |              |           |
|                          | 4 H H H H H H H H H H H H H H H H H H H   | 1             | SIGNATURES                       | 100                               | - J.           |               | No.           | gera            | M.         | Deput                       | Y MED        | ICAL EXAMI     | NER              | DATE<br>SIGNED  | 4/9/8        | 7         |
|                          | A SE  |               | EXAMINERS                        | NAME                              |                |               |               |                 |            | 1919                        | Semi         | nary R         | oad              |                 |              |           |
|                          | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTMORE, MARYLAND   |               | (TYPE OR PRI                     | NT) J                             | ohn S.         | Roge          | rs, N         | 1.D.            | /          | ADDRESS Silv                | er Sp        | ring.          | Montgo           | mery C          | County       | , MD      |
|                          | 528548  | 23a B         | URIAL, CREMA                     | TION, REMOVAL                     |                |               |               |                 | TERY OF    | CREMATORY                   | 23d LC       | CATION         |                  |                 |              |           |
| 07/8                     |   | (             | Buri                             | al                                | 4-13-19        | 987           | Gate          | e of He         | eaver      | Cemete:                     | y Sil        | ver Sp         | ring M           | iontgon         | nery         | Md.       |
| 25M                      | 01  | 24 F          | UNERAL DIREC                     | TOR                               |                |               |               | N.H.            |            | 250. DA                     | TE REC'D. BY |                |                  | RAR'S SIGN      |              |           |
|                          | DHMH - 17<br>(VR A15 ME (5))  | H:            | inës/Ri                          | naldi Fu                          | neral l        | LIDANES       |               | er Spr          |            | I A DI                      | 7 141        | 1987           | - me win         | idson. Ra       | ndallo       |           |
|                          |   |               |                                  |                                   |                |               |               | 4               | 0,         |                             |              | ()             |                  | -               |              |           |

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17h KIND OF BUSINESS OR (TYPE OF POR EOR MOST OF WORKING LIFE) INDUSTRY Receptionist Office 13e.STREET ADDRESS / ZIP CODE 8912 Tuckerman Lane 20854 MIDDLE available Same as item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Apr. 6,1987 PHYSICIAN DIRECTOR PHYSICIAN Rockville, MD 20850 150111 Medical 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Metropolitan (SPECIFY) Cremation Alexandria. Virginia 24 FUNERAL DIRECTOR ROBERT A. ROCKVILLE. Pumphrey Funeral Home/ 300 West Montgomery Avenue Rockville, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

6:30a

IF LINDER 24 HPS

IF UNDER LYEAR

DHMH - 16 60M 7/84

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REGISTRAR

(VRA 15, 4)

4/14

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